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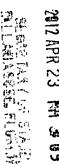
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
A. WUNT  APR 2 5 2011  EXAMINER

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Section (

# **COVER LETTER**

TO: Registration Section / Division of Corporations	
SUBJECT: 270 NW 16th TERR	LLC
	Limited Liability Company
The enclosed Articles of Organization and fee(s)	) are submitted for filing.
Please return all correspondence concerning this	s matter to the following:
MIRIAM LARA	
	Name of Person
<b>∑</b> .	APR T
	Firm/Company
2205 SW 64 AVE	
2295 SW 64 AVE	Address
MIAMI FL 33155	
delera@hollaguth not	City/State and Zip Code
driara@bellsouth.net  E-mail address: (to be	used for future annual report notification)
For further information concerning this matter, p	blease call:
Miriam Lara	at ( 305 ) 812-3636
Name of Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amour	nt:
\$125.00 Filing Fee Certificate of Statu	
Mailing Address Registration Section Division of Corporati P.O. Box 6327 Tallahassee, FL 3231	Clifton Building

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Com	•	
207NW 16TH TERR LLC	2	
(Must end with the words "Lim	nited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of	of the principal office of the Limited Liabi	lity Company is:
Principal Office Address:	Mailing Address:	
2100 W 68TH ST HIALEAH FL 33016	2100 W 68th St Hialeah fl 33016	22
(The Limited Liability Company cannot serve as its obusiness entity with an active Florida registration.)  The name and the Florida street address		lor another
Miriam Lara	<u> </u>	
<del></del>	Manage	
2295 SW 64	Name Ave	
2295 SW 64		
2295 SW 64	Ave	

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

### ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>	Name and Address:	
"MGR" = Manager		
"MGRM" = Managing Member		
MGR	MIRIAM LARA	
	2295 SW 64 AVE	
•	MIAMI FL 33155	
MGRM	MARLON LARA	2012 NPR
•	2295 SW 64 AVE	P
	MIAMI FL 33155	斯····································
•	·	
<del></del>		<u> </u>
(Use attachment if necessary)		
	an the date of filing:	(OPTIONAL)
	nust be specific and cannot be more than	live business days p
00 days after the date of filing.)		
<b>REQUIRED SIGNATURE:</b>		
	,	
/		

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

### **MIRIAM LARA**

Typed or printed name of signee

### Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)