(Requestor's Name)
(Address)
(nuuless)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
•
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
MAY 2 1 2012
L. SELLERS

Office Use Only



900234978209

05/17/12--01016--004 **130.00

SECRETARY OF STATE ALLAHASSEE. FLORIDA

COVER LETTER

•.		₹ COVE	K DB L LGK	
то:	Registration S Division of Co			
SUBJ	ECT. Parais	so Tiny, LLC.		
ЗОВ	LC1.	-	ed Liability Company	
The en	iclosed Articles o	f Organization and fee(s) are	submitted for filing.	
Please	return all corresp	ondence concerning this mat	ter to the following:	
	LEWIS R	. COHEN		
			Name of Person	
	COHEN	& BOBOTAS		
			Firm/Company	
	Sabadell	Financial Center.	1111 Brickell Avenue	e. Suite 2920
			Address	
	Miami Elor	ida 33131		
	Miami, Flor	·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·	y/State and Zip Code	
	Ircohen@co	henandbobotas.con		
		E-mail address: (to be used	for future annual report notification)	
For fu	rther information	concerning this matter, pleas	e call:	
Lewi	is R. Cohen		at (305 371-8177	
	Name	of Person	Area Code & Daytime Tele	phone Number
T 1	1. 1.6	4 6 11 .		
		or the following amount:		7
\$125.00) Filing Fee 👢	\$130.00 Filing Fee & Certificate of Status	[\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Compa	any is:
Paraiso Tiny, LLC.	ad Unbility Company WLL C 2 or WLC 2)
(Must end with the words "Limit	ed Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of	f the principal office of the Limited Liability Company i
Principal Office Address:	Mailing Address:
101 West McIntyre Street Key Biscayne, Florida 33149	101 West McIntyre Street Key Biscayne, Florida 33149
	istered Office, & Registered Agent's Signature: wn Registered Agent. You must designate an individual or another of the registered agent are:
Julio Almeida Go	mes
	Name
101 West Mc	
	treet address (P.O. Box <u>NOT</u> acceptable)
Key Biscayne	_{FL} 33149
'	City, State, and Zip
liability company at the place designal registered agent and agree to act in this constatutes relating to the proper and compacted the obligations of my position of the proper accept the obligations of my position of the proper and compacted the obligations of my position of the proper and compacted the obligations of the proper and compacted t	and to accept service of process for the above stated limite ted in this certificate, I hereby accept the appointment as apacity. I further agree to comply with the provisions of colete performance of my duties, and I am familiar with and as registered agent as provided for in Chapter 608, F.S Signature (REQUIRED) NOTINUED)

Page 1 of 2

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

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

"MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Julio Almeida Gomes
	101 West McIntyre Street
	Key Biscayne, Florida 33149
MGRM	Renata Ambrozio Ribeiro
	101 West McIntyre Street
,	Key Biscayne, Florida 33149
(Use attachment if necessary)	
CLE V: Effective date, if other than the	ne date of filing: (OPTION be specific and cannot be more than five business da
CLE V: Effective date, if other than the ffective date is listed, the date must	
CLE V: Effective date, if other than the ffective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE:	
CLE V: Effective date, if other than the ffective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE: Signature of a memical maccordance with section 60 constitutes an affirmation under 1 am aware that any false info	be specific and cannot be more than five business da

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)