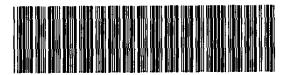
112000073496

(Re	questor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



900235557429

05/31/12--01002--019 **125.00

FILED 12 MAY 31 PM 2: 11 SECRETARY OF STATE SECRETARY OF STATE

B. BOSTICK

JUN - 1 2012

EXAMINER

COVER LETTER

Division of C	Corporations			
SURJECT: Carv	il Properties LLC			
		d Liability Company		
The enclosed Articles	of Organization and fee(s) are s	ubmitted for filing.		
Please return all corre	spondence concerning this matte	er to the following:		
Carmen	Vilar			
		Name of Person		
	Sevil Properties	درد		
	•	Firm/Company		
300 Dipl	omat Pkwy #409			
<u>-</u>		Address		
Hallandak	e Beach Fl 33009			
rialiariuali	. .	/State and Zip Code		
carvil@ms	_			
04,1116		or future annual report notification)		_
For further informatio	on concerning this matter, please	call:	12 M	
Carmen Vilar		at (954) 458-5777	12 MAY 3	(2) (1) (1) (1) (1) (1) (1) (1)
Nam	ne of Person	Area Code & Daytime Telep	phone Number	hancie _a
Enclosed is a check	for the following amount:		PM 2: OF STA	į
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing ree, Cortificate 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 Company is:	
Carvil Properties LLC	
(Must end with the words "Limited Liabil	lity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pr	rincipal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
300 Diplomat Pkwy #409 Hallandale Beach FI 33009	300 Diplomat Pkwy #409 Hallandale Beach Fl 33009
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regis business entity with an active Florida registration.)	
The name and the Florida street address of the r	registered agent are:
Carmen Vilar	12 MAY 3
Name	ANY #400
300 Diplomat Pk	wy #409
Florida street add	description of the NOT consequents of the consequen
Hallandale Beach	33180 G.O. Box <u>NO1</u> acceptable)

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..

City, State, and Zip

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:

	Manager Managing Member	Name and Address:
MGRM	Waliaging William	Carmen Vilar
		300 Diplomat Pkwy #409
		Hallandale Beach, Fl 33009
		D2
		- <u>Σ</u> ω
		ric: P
		OFFICE 12
	١,	<u> </u>
(Use attachi	ment if necessary)	
		the date of filing: (OPTION st be specific and cannot be more than five business details to the specific and cannot be more than five business details.
	is listed the date mus	
ective date	is listed, the date must the date of filing.)	st be specific and cannot be more than five business d
ective date	· · · · · · · · · · · · · · · · · · ·	st de specific and cannot be more than five business d
ective date days after (· · · · · · · · · · · · · · · · · · ·	st de specific and cannot be more than five business d
fective date days after 1	the date of filing.)	A Doll
ective date days after (the date of filing.) <u>D</u> SIGNATURE:	M/6_
fective date days after 1	the date of filing.) <u>D</u> SIGNATURE:	mber or an authorized representative of a member.
fective date days after t REQUIRE	D SIGNATURE: Signature of a me In accordance with section constitutes an affirmation used an aware that any false in	mber or an authorized representative of a member. 608.408(3), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. 608.408(3), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true.
fective date days after t REQUIRE	D SIGNATURE: Signature of a me In accordance with section constitutes an affirmation used an aware that any false in	mber or an authorized representative of a member. 1 608.408(3), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. Information submitted in a document to the Department of State telony as provided for in s.817.155, F.S.)

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)