

L12000082871

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H12000165999 3)))



H120001659993ABCS

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)220-1440

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

RECEIVED
12 JUN 22 AM 11:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**FLORIDA LIMITED LIABILITY CO.
BEL-AIR 602, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

FILED
12 JUN 22 AM 9:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

G. MCLEOD

Electronic Filing Menu Corporate Filing Menu JUN 25 2012 Help

EXAMINER

H12000165999

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:

Bel-Aire 602, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

11251 NW 20th Street, Suite 119
Miami, FL 33172.

11251 NW 20th Street, Suite 119
Miami, FL 33172

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

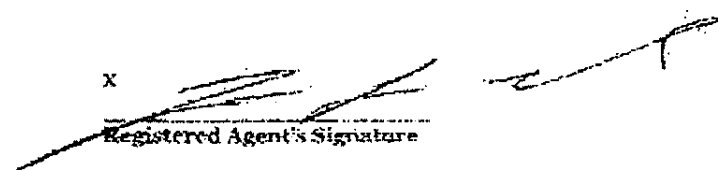
The name and the Florida street address of the registered agent are:

Jose Luis Cortesi

11251 NW 20th Street, Suite 119
Miami, FL 33172

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.

x


Registered Agent's Signature

(CONTINUED)
Page 1 of 2

FILED
12 JUN 22 AM 9:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H12000165999

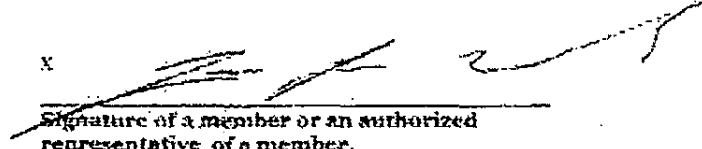
H12000165999

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

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

<u>Title:</u>	<u>Name and Address:</u>
MGR	JOSE LUIS PARRA
MGR	ROSA PEREZ DE PARRA

REQUIRED SIGNATURE:

x 

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

(In accordance with section 608.408(9), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Jose Luis Cortesi

Typed or printed name of signee

H12000165999