

L12000089820

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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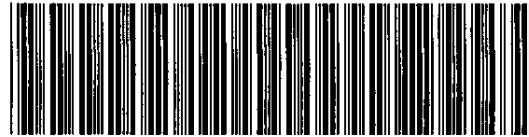
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

J. BRYAN

SEP 12 2012

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SANTA TERESA INVESTMENTS LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

NELSON C. KESHEN, ESQ.

Name of Person

NELSON C. KESHEN, P.A.

Firm/Company

9155 SO. DADELAND BLVD., SUITE 1718

Address

MIAMI, FLORIDA 33156

City/State and Zip Code

nelson@keshenlaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nelson C. Keshen, Esq. at ( 305 ) 670-7010

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)    ☒ \$160.00 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 Circle  
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

**AMENDED AND RESTATED ARTICLES OF ORGANIZATION  
OF  
SANTA TERESA INVESTMENTS LLC**

**The Articles of Organization for this Limited Liability Company were filed on July 10, 2012  
and assigned Florida document number L 12000089820.**

**The Articles of Organization for this Limited Liability Company are amended and restated  
to read as follows:**

**Article I**

**The name of the Limited Liability Company is:  
SANTA TERESA INVESTMENTS LLC**

**Article II**

**The mailing address of the Limited Liability Company is:  
5727 SW 77 TERRACE  
SOUTH MIAMI, FL US 33143**

**Article III**

**The purpose for which this Limited Liability Company is organized is:  
ANY AND ALL LAWFUL BUSINESS**

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CLERK OF DISTRICT  
TALLAHASSEE, FLORIDA

**Article IV**

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

MARIO E. TOCA  
5727 SW 77 TERRACE  
SOUTH MIAMI, FL 33143

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CLERK OF THE COURT  
JULIA A. HARRIS, CLERK  
TALLAHASSEE, FLORIDA

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.

Registered Agent Signature: MARIO E. TOCA

**Article V**

The Limited Liability Company shall be a manager managed entity and the name and address of the manager is:

ESTEBAN SZALAY  
5725 SW 77 TERRACE  
SOUTH MIAMI, FLORIDA 33143

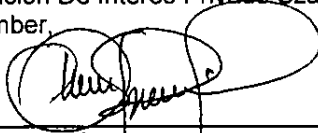
**Article VI**

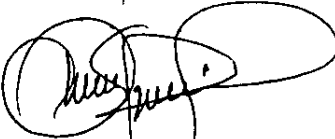
The effective date of these Amended and Restated Articles of Organization shall be the date filed with the Secretary of State of Florida.

These Amended and Restated Articles of Organization were executed and are being filed in accordance with Florida Statutes 608.411.

IN WITNESS WHEREOF, the undersigned has made and subscribed this Amendment at Miami, Miami-Dade County, Florida for the uses and purposes aforesaid, this 6<sup>th</sup> day of September, 2012.

Fundacion De Interes Privado Szagon,  
a Member,

  
By: Esteban Szalay, Manager

  
By: Esteban Szalay, a Member

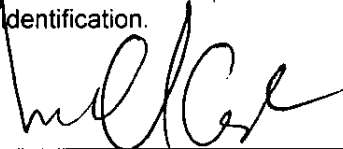
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CLERK OF COUNTY OF MIAMI-DADE  
HALL ANDERSON, FL 33134

STATE OF FLORIDA )

SS:

COUNTY OF MIAMI-DADE )

The foregoing instrument was acknowledged before me this 6<sup>th</sup> day of September, 2012, by ESTEBAN SZALAY, Individually and as the Manager of Fundacion De Interes Privado Szagon in its name and on its behalf ☒ who is personally known to me, or ☐ who produced \_\_\_\_\_ as identification.

  
NOTARY PUBLIC-STATE OF FLORIDA

