

L120000092993

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

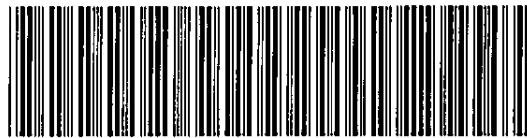
(Business Entity Name)

(Document Number)

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J. SAULSBERRY
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JUL 18 2012

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

7/16/12.

Rolando E. Leiva CPA.

Requestor's Name

7400 SW 50 terrace suite 302.

Address

Miami FL 33155

City

State

ZIP

Phone

(305) 663-1511

CORPORATION(S) NAME

Four seasons Property Management
Group, LLC.



Empire Toll Free: 1-800-432-3028

- Profit
- NonProfit
- Foreign
- Limited Partnership
- Reinstatement
- Certified Copy
- Call When Ready
- Walk In
- Amendment
- Dissolution
- Annual Report
- Reservation
- Photo Copies
- Call If Problem
- Will Wait
- Merger
- Mark
- Other LLC.
- Change of Registered Agent
- Certificate Under Seal
- After 4:30
- Mail Out

Name
Availability
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Verifier
Acknowledgment
W.P. Verifier

**ARTICLES OF ORGANIZATION FOR FLORIDA
LIMITED LIABILITY COMPANY**

Date: June 29, 2012

ARTICLE I – NAME:

The name of the Limited Liability Company is:

**FOUR SEASONS PROPERTY MANAGEMENT
GROUP, LLC**

ARTICLE II – ADDRESS:

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

1020 93 STREET, BOX #5
BAY HARBOR ISLAND, FLORIDA 33154

**ARTICLE III – REGISTERED AGENT, REGISTERED OFFICE, &
REGISTERED AGENT'S SIGNATURE:**

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

ROBERTO DI DONATO

Name

1020 93 STREET, BOX 5

Florida Street Address

BAY HARBOR ISLAND, FLORIDA 33154

City, State, and Zip

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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.

Ashe MTS

Registered Agent's Signature

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ARTICLE IV – MANAGEMENT

The Limited Liability Company is to be considered a multiple manager LLC and is therefore a MULTIPLE MANAGER LLC company. The name and address of each initial MANAGER or MANAGER MEMBER is as follows:

Title:
Member/Manager

Name and Address:
JUAN JOSE PEREZ BOUZON
1020 93 STREET
BAY HARBOR ISLAND, FL 33154

Member/Manager

ROBERTO DI DONATO
1020 93 STREET
BAY HARBOR ISLAND, FL 33154

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ARTICLE V - BUSINESS DEDUCTIONS

Per IRS regulations the corporation may pay and deduct the health insurance and medical expenses of its directors and employees. Additionally, business auto expenses may be reimbursed to directors and employees and thus deducted from current operations.

ARTICLE VI - EFFECTIVE DATE

The effective date of the Limited Liability Company shall be: JULY 16, 2012.

Roberto MTS

Signature of 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

Roberto MTS

ROBERTO DI DONATO
Member/Manager of LLC

June 29, 2012

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TALLAHASSEE, FLORIDA

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