

L12000098373

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

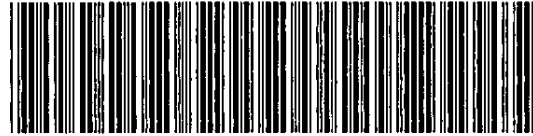
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JUL 31 2012
EXAMINER



900237813149

07/30/12--01038--013 **160.00

EFFECTIVE DATE

8/31/2012

FILED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
12 JUL 30 PM 3:32

COVER LETTER

EFFECTIVE DATE 8/31/2012

TO: Registration Section
Division of Corporations

SUBJECT: Property Acquisition Experts LLC
Name of Limited Liability Company

FILED
DIVISION OF CORPORATIONS
12 JUL 30 PM 3:32

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

Please return all correspondence concerning this matter to the following:

LILA VINAS
Name of Person

Property Acquisition Experts LLC
Firm/Company

9735 NW 52 Street, Apt. 415
Address

Doral, Florida 33178
City/State and Zip Code

LILA in Miami@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LILA VINAS at (786) 340-6636
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

EFFECTIVE DATE 8/31/2012

SECRETARY OF STATE
DIVISION OF CORPORATIONS
12/30/12 3:32 PM

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Property Acquisition Experts LLC
(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

9735 NW 52 Street
#415
Doral, FL 33178

Mailing Address:

5590 NW 107 Avenue
#1112
Doral, FL 33178

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)


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

LILA VINAS
Name

5590 NW 107 Avenue #1112
Florida street address (P.O. Box NOT acceptable)

Doral, Florida FL 33178
City, State, and Zip

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..


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:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

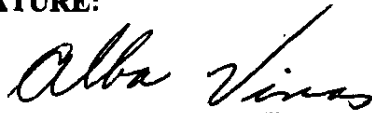
MGR

Alba Vinas
5590 NW 107 Avenue
1112
Doral, Florida 33178

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: August 31, 2012 (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:



Signature of a 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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Alba Vinas

Typed or printed name of signee

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)