

FLORIDA DEPARTMENT OF STATE
Division of Corporations
Electronic Filing Cover Sheet

12000199171 668

Note: Please print the 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.

((H12000199171 3)))



H120001991713ABC+

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: _____

FLORIDA LIMITED LIABILITY CO.
SANTO PALM 00, LLC

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

Electronic Filing Menu

Corporate Filing Menu

Help

B. KOHR

AUG - 8 2012

EXAMINER

RECEIVED

12 AUG - 7 PM 1:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 AUG - 7 AM 8:53

SECRETARY OF STATE
DIVISION OF CORPORATIONS

H12000199171

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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

SANTO PALM 00, LLC

ARTICLE II - Address:

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

Principal Office Address:10839 NW 29 Street,
Miami, FL 33172.Mailing Address:10839 NW 29 Street
Miami, FL 33172

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

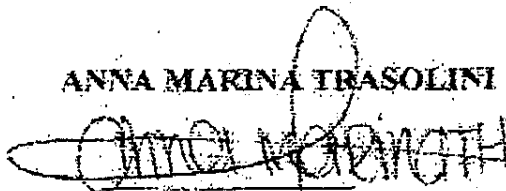
The name and the Florida street address of the registered agent are:

ANNA MARINA TRASOLINI

10839 NW 29 Street
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 605, F.S.

ANNA MARINA TRASOLINI


Registered Agent's Signature(CONTINUED)
Page 1 of 2

H12000199171

H12000199171

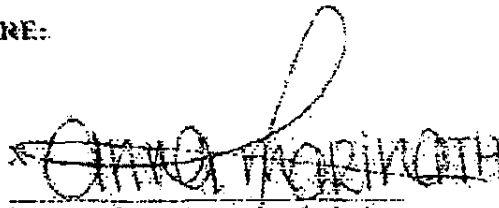
ARTICLE IV - Manager(s) or Managing Member(s):

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

<u>Title:</u>	<u>Name and Address:</u>
MGR	JAIME JOSE GAYA
MGR	AURORA HAYA
MGR	ANNA MARINA TRASOLINI

Address for all Managers: 19839 NW 29 Street, Miami, FL 33172

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.)

ANNA MARINA TRASOLINI

Typed or printed name of signer

H12000199171