

✓  
L12000135925

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

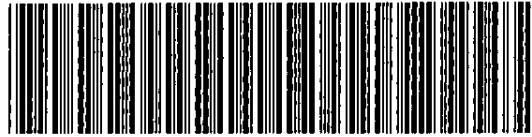
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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10/24/12--01008--026 \*\*125.00

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TALLAHASSEE, FLORIDA

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12 OCT 24 PM 1:49

B. BOSTICK

OCT 25 2012

EXAMINER

CORPDIRECT AGENTS, INC. (formerly CGRS)  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301  
222-1173

FILING COVER SHEET  
ACCT. #FCA-14

CONTACT: Kim Weidenbach

DATE: 10/24/12

REF. #: 000150.174768

CORP. NAME: CORAL GABLES MIRACLE MILE HOTEL, LLC

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION   | <input type="checkbox"/> ARTICLES OF AMENDMENT  | <input type="checkbox"/> ARTICLES OF DISSOLUTION      |
| <input type="checkbox"/> ANNUAL REPORT               | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME              |
| <input type="checkbox"/> FOREIGN QUALIFICATION       | <input type="checkbox"/> LIMITED PARTNERSHIP    | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT               | <input type="checkbox"/> MERGER                 | <input type="checkbox"/> WITHDRAWAL                   |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION |   |   |
| <input type="checkbox"/> OTHER:                      |   |   |

STATE FEES PREPAID WITH CHECK# 101658 FOR \$ 125.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

\_\_\_\_\_ COST LIMIT: \$ \_\_\_\_\_

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TALLAHASSEE, FLORIDA

PLEASE RETURN:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> CERTIFIED COPY        | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input checked="" type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS |   |  |

Examiner's Initials

**ARTICLES OF ORGANIZATION**  
**OF**  
**CORAL GABLES MIRACLE MILE HOTEL, LLC**

**ARTICLE I - NAME**

The name of the Limited Liability Company is CORAL GABLES MIRACLE MILE HOTEL, LLC (the "Company").

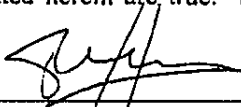
**ARTICLE II - Address**

The mailing address and street address of the principal office of the Company is 2533 SW 19th Avenue, Suite 400, Coconut Grove, FL 33133.

**ARTICLE III - Registered Agent and Office**

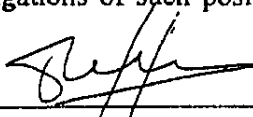
The street address of the Corporation's initial registered office is 2533 SW 19th Avenue, Suite 400, Coconut Grove, FL 33133 and the name of its initial registered agent at such office is Pedro Villar.

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. Dated this 24<sup>th</sup> day of October, 2012.

  
\_\_\_\_\_  
Authorized Signor

**ACCEPTANCE OF APPOINTMENT OF REGISTERED AGENT**

The undersigned, having been named the Registered Agent of the Company hereby accepts such designation and is familiar with, and accepts, the obligations of such position, as provided in Florida Statutes §607.0505.

  
\_\_\_\_\_  
Pedro Villar  
Dated: October 24, 2012

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IN WITNESS WHEREOF, the Company and Members have executed this Operating Agreement as of the date first written above.

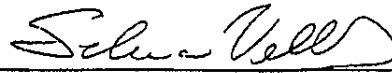
**COMPANY**


GABLES SUNVIEW, L.L.C.

By:   
PEDRO F. VILLAR, Manager

**MEMBERS**

  
SILVIA VILLAR AS TRUSTEE OF THE  
PEDRO F. VILLAR IRREVOCABLE  
TRUST DATED MAY 12, 2003

  
SILVIA VILLAR AS TRUSTEE OF THE  
PEDRO G. VILLAR IRREVOCABLE  
TRUST DATED MAY 12, 2003

  
SILVIA VILLAR AS TRUSTEE OF THE  
JESSICA VILLAR IRREVOCABLE  
TRUST DATED MAY 12, 2003

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