

# L12000151341

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

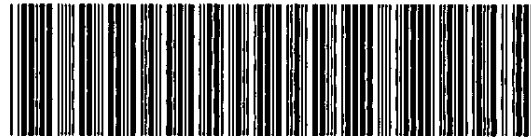
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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C. LEWIS

DEC - 4 2012

EXAMINER

(850) 245-6051.

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: 10015 SB, 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:

**HEIDI PEREZ**

Name of Person

**CP MANAGERS, INC.**

Firm/Company

**255 UNIVERSITY DRIVE**

Address

**CORAL GABLES, FL 33134**

City/State and Zip Code

**HPEREZ@ACGGDEVELOPMENT.COM**

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

For further information concerning this matter, please call:

**HEIDI PEREZ**

Name of Person

at **(305) 665-1250**

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

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

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**ARTICLE I - NAME**

The name of the Limited Liability Company is:

**10015 SB, LLC**

**ARTICLE II - ADDRESS**

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

255 University Drive  
Coral Gables, FL 33134

**ARTICLE III  
REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT'S  
SIGNATURE.**

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

Aran Correa Guarch and Shapiro, P.A  
c/o Danny Correa, Esq.  
255 University Drive  
Coral Gables, FL 33134

Having been named as registered agent and to accept service of process for the above stated limited liability Company at the place designated in the 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, Florida Statutes.

  
\_\_\_\_\_  
Registered Agent's Signature

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**ARTICLE IV**  
Management

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The Company shall be manager-managed.

(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.)

**10015 SB, LLC**

By: 

Aran Correa Guarch and Shapiro, P.A.

By Danny Correa, ESQ 

Dated: \_\_\_\_\_