Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6333

From:

Account Name : EXPRESS CORPORATE FILING SERV

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Email	Address	:

FLORIDA LIMITED LIABILITY CO. 501 EDEN HOUSE INVESTMENTS, LLC

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

APR -4 2013

B. KOHR

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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A	ΚI	(. M.	- Na	me:

The name of the Limited Liability Company is:

501	EDEN	$\Box \cap \Box$	CE INI	/ESTA/	IENTS.	110
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(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

Principal Office Address:	Mailing Address:	Fig. 5
9011 SW 227TH STREET	9011 SW 227TH STREET	
UNIT 8	UNIT 8	
MIAMI, FL 33190	MIAMI, FL 33190	W = 4.0 cm. / An - 450 cm 450 cm.

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

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:

NORKA BA	ABINO
	Name
1110 BRIC	KELL AVE STE: 430
	Florida street address (P.O. Box NOT acceptable)
MIAMI	FL 33131
	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:	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	
0 0	
MGRM	DARIO ANTONIO PARRA RINCON
	9011 SW 227TH ST UNIT 8
	MIAMI, FL 33190
MGRM	WENCESLAO PARRA RINCON
	9011 SW 227TH ST UNIT 8
	MIAMI, FL 33190
MGRM	MADELEINE DEL CARMEN PARRA RINCON
	9011 SW 227TH ST UNIT 8
	MIAMI, FL 33190
MGRM	ZULLY MARGARITA PARRA RINCON
	9011 SW 227TH ST UNIT 8
	MIAMI, FL 33190
MGRM	YOLEIDA JOSEFINA PARRA RINCON
	9011 SW 227TH ST UNIT 8
	MIAMI, FL 33190
MGRM	DANILO ANTONIO PARRA RINCON
	9011 SW 227TH ST UNIT 8
	MIAMI, FL 33190
MGRM	LEYMA PARRA RINCON
	9011 SW 227TH ST UNIT 8
	MIAMI, FL 33190
MGRM	DALILA SEGUNDA RINCON DE PARRA
	9011 SW 227TH ST UNIT 8
	MIAMU EL 33190

ARTICLE V: Effective date, if other than the date of filing:	(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.)

Hadeleine del Carmen Parra Rincon
Typed or printed name of signee