

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

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FLORIDA LIMITED LIABILITY CO.
SAINT MORITZ 8825 LLC

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

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13 MAY 31 PM 2:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2013 MAY 31 AM 9:01

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Corporate Filing Menu

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JUN 03 2013

D. BRUCE



May 31, 2013

FLORIDA DEPARTMENT OF STATE
Division of Corporations

LAZARUS

SUBJECT: SAINT MORITZ 8825 LLC
REF: W13000031551

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on May 30, 2013. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce
Regulatory Specialist IIFAX Aud. #: H13000119294
Letter Number: 113A000136762013 MAY 31 AM 9:01
TALLAHASSEE FLORIDA

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P.O BOX 6327 - Tallahassee, Florida 32314

H 13000119294

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SAINT MORITZ 8825 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:

10650 NW 29 TERRACE, DORAL, FL, 33172

Mailing Address:

10650 NW 29 TERRACE, DORAL, FL, 33172

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:

JUAN CARLOS BRICENO

Name

10650 NW 29 TERRACE

Florida street address (P.O. Box **NOT** acceptable)

DORAL, 33172

FL

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)

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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'

BARLUIERI CORPORATION

1st FLOOR, YAMRAJ BUILDING, P.O BOX 875, ROAD TOWN

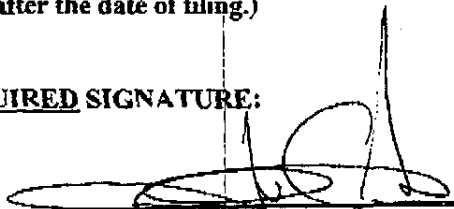
TORTOLA, BRITISH VIRGIN ISLANDS

(Use attachment if necessary)

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.)

JUAN CARLOS BRICENO

Typed or printed name of signer

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)

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