

# L13000121729

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FAX 1

P. 001

Division of Corporations

Florida Department of State

Division of Corporations

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FLORIDA LIMITED LIABILITY CO.

FHA MIDTOWN, LLC

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

K. SALY  
EXAMINER

AUG 28 2013

AUG/27/2013/TUE 01:22 PM

FAX No.

P. 002

FILED  
13 AUG 27 AM 10:26  
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TALLAHASSEE, FLORIDA

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**FHA MIDTOWN, LLC**

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.")

**ARTICLE II - Address:**

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

Principal Office Address:  
10440 NW 48 STREET  
DORAL, FL 33178

Mailing Address:  
10440 NW 48 STREET  
DORAL, FL 33178

**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:

FERNANDO DE CECCHI  
Name

10440 NW 48 STREET  
Florida street address (P.O. Box NOT acceptable)

DORAL, FL 33178  
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)

**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:**

MGRM

ALEJANDRO LA CORTE  
10710 NW 66 STREET #414  
DORAL, FL 33178

MGRM

FERNANDO DE CECCHI  
10440 NW 48 STREET  
DORAL, FL 33178

MGRM

CONSUELO TORRES  
10440 NW 48 STREET  
DORAL, FL 33178

MGRM

FERNANDO DE CECCHI  
16850 COLLINS AVENUE STE 112-405  
SUNNY ISLES BEACH, FL 33160

MGRM

JOSEPHINE DE NICOLAIS  
16850 COLLINS AVENUE STE 112-405  
SUNNY ISLES BEACH, FL 33160

**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.)

FERNANDO DE CECCHI  
Typed or printed name of signee