Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000014792 3)))



H140000147923ABC

Note: DO NOT hit the REFRESH/REILOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Number : 12000000019

Fax Number

Account Name : LAZARUS CORPORATE FILING SERVIC

: (305) 552-5973

: (305)220-1440

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

IIm a	÷٦	Address:
P. HILL		PACKLE COPIES.

FLORIDA LIMITED LIABILITY CO. AT PROPERTY MANAGEMENT LLC

Certificate of Status	-:	1
Certified Copy		0
Page Count	i t	03
Estimated Charge		\$130.00

	ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY	ć	
	RTICLE 1 - Name: c name of the Limited Liability Company is:		
(M	AT PROPORTY MAJAGE MENT LLC Ist end with the words "Limited Liability Company, the abbreviation" L.L.C" or the designation "LLC.")		•
	RTICLE II - Address: c mailing address and street address of the principal office of the Limited Liability Company i	s:	
Pr	incipal Office Address: Mailing Address:		
64 H	541 NM 87 NE 18 mil - Fi 33178.	- -	
(Th	RTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another siness entity with an active Florida registration.)	ć.	
Th	name and the Florida street address of the registered agent are:	2014	
	John torrealsA	C. 20.	
		2	- Transaction
	Florida street address (P.O. Box NOT acceptable)	A	TVI
	1 True man	=	Service Annual Control
	MPAMP FL 33178.	8	
cor agr pro	rving been named as registered agent and to accept service of process for the above stated limited apparts at the place designated in this certificate, I hereby accept the appointment as registered agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to oper and complete performance of my duties, and I am familiar with and accept the obligations of sition as registered agent as provided for in Chapter 605 F.S	geni and the	ty d
	Registered Agent's Signature (REQUIRED)		
	(CONTINUED)		

H14000014792

Page I of 2

H14000014792

Title.	Norma and Addusons
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	JOHAN TORREALDA
MGR	MIAMI FL 33178 MARIO ARCILA
71101	6541 NW 87 AVE. Miami FL 33178
(Use attachment if necessary)	
ICLE V: Effective date, if other than th	he date of filing: (OPTIONAL)
effective date is listed, the date must 90 days after the date of filing.)	be specific and cannot be more than five business days pr
REQUIRED SIGNATURE:	
Signature of a mem	ber or an authorized representative of a member.
of this document co	section 605,0263 Florida Statutes, the execution onstitutes an affirmation under the penalties of perjury ed herein are true.)
that the facts state	To o o col los

Page 2 of 2

H14000014792