Division of Corporations CLAR GIRAGO P.

Florida Department of State

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To:

Division of Corporations

Fax Number ; (850) 61.7-6383

E.zom:

Account Name : CLARA GIRALDO, P.A.

Account Number : I19990000017 : (305)485-9300 Phone

: (305)485-1098 Fax Number

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

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FLORIDA LIMITED LIABILITY CO. MIAMI GREEN PROPERTIES, LLC.

Certificate of Status	1
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Page Count	04
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Electronic Filing Menu

Corporate Filing Menu

Help

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY
COMPANY
OF

...........

MIAMI GREEN PROPERTIES, LLC.

ARTICLE I - NAME

The name of the Limited Liability Company is:

MIAMI GREEN PROPERTIES, LLC.

14 FEB 25 AN 8: 06
SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE II - ADDRESS

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

2840 SW 144 CT MIAMI, FL. 33175

ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE;

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

CARIDAD I. PAGAN

2840 SW 144 CT
Florida street address (P.O.BOX NOT acceptable)

MIAMI, FL. 33175

City, State, and Zip

CLARA GIRALDO P.A. 4080 SW 84 AVENUE SUITE C MIAMI, FL 33155 PH.: (305) 485-9300 H140000 454033.

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 the Chapter 605, F.S.

REGISTERED AGENT'S SIGNATURE

ARTICLE IV- MANAGEMENT

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

CARIDAD I. PAGAN 2840 SW 144 CT MIAMI, FL. 33175 MANAGER

JOSE A. DE LA CRUZ 2840 SW 144 CT MIAMI, FL. 33175

MANAGER

(An additional article must be added if an effective date is requested)

Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

CARIDAD I. PAGAN

Typed or printed name of signee