

04/01/2032
5/21/2014

L14000082890

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

(((H14000120790 3)))



H1400012079034BCY

Note: DO NOT hit the REFRESH/RELOAD 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 Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305) 552-5973
Fax Number : (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.

Email Address: _____

FLORIDA LIMITED LIABILITY CO.
COURTS TH12 LLC

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

MAY 22 2014
T CLINE

RECEIVED

14 MAY 21 PM 4:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H14000120790

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: *(Must end with the words "Limited Liability Company," "LLC," or "LLC.")*

Courts TH12 LLC

ARTICLE II - Address:

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

810 Cypress Blvd Apt 202
Building 95A Pompano Beach FL 33069

2014 APR 1
STATE
CLERK
TALLAHASSEE, FLORIDA
9:27

ARTICLE III - Registered Agent, Registered Office:

The name and the Florida street address of the registered agent are: *(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.)*

NOEL Rafael Vera-Herrera
810 Cypress Blvd Apt 202
Building 95A Pompano Beach FL 33069

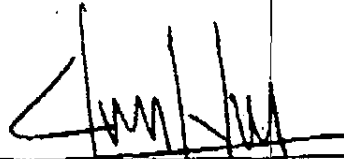
ARTICLE IV-

The name and title of each person authorized to manage and control the Limited Liability Company:

Mgm→NOEL Rafael Vera-Herrera
Mgm→Oriana Coramoto Vera-Jamies

H14000120790

H14000120190

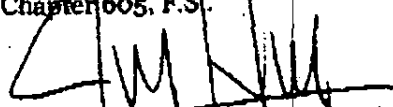
Required Signatures:**Signature of a member or an authorized representative of a member.**

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.

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.

NOEL RAFAEL VERA - HERRERA**Typed or printed name of signee**

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 605, F.S.

**Registered Agent's Signature (REQUIRED)**

2014 MAY 21 AM 9:27
CLERK OF STATE
TALLAHASSEE, FLORIDA

H14000120790