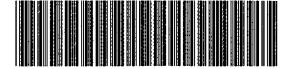
## L14000099834

	questor's Name)	
(IVE	questor s marrie)	
	dress)	
(Au	uicss)	
(A.)		
(Ad	dress)	
	(C) (C) (D)	
(Cit	y/State/Zip/Phone	<del>)</del> #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	
		والهمير والمواقع
Special Instructions to	Filing Officer:	
	<b>g</b>	

Office Use Only



800261385968

06/20/14--01027--006 \*\*130.00

EFFECTIVE DATE 96-18-14

B. BOSTICK
JUN 2 3 2014

**EYAMINER** 

## COVER LETTER

TO: Registration Division of C	Section Corporations			
SUBJECT: De	MARTINEZ S Name of Lin	Sabino Holding	s, LLC	
The enclosed Articles	of Organization and fee(s) a	re submitted for filing.		
Please return all corre	spondence concerning this m	natter to the following:		
	Emanuel	e De Martine	3	
		Name of Person	<i>y</i>	· <del>·······</del>
	7	DG-		
		Firm/Company		
	1820 NW 108	Avenue		
•		Address		<del></del>
	Miami,	FL. 33172 City/State and Zip Code Upgla. Com d for ruture annual report notifica		
		City/State and Zip Code		
<del>- ,- ,- ,- ,- ,- ,- ,- ,- ,- ,- ,- ,- ,-</del>	E-mail address: (to be use	UPGIA. Com d for future annual report notifica	ntion)	C-2
For further information	n concerning this matter, ple			
Emanuele De	.001	786 262-973	BO lephone Number	30 7
Enclosed is a check fo	r the following amount:			
□ \$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155,00 Filing Fee & Certified Copy (additional copy is enclosed)	S160,00 Filing Fee Certificate of Status Certified Copy (additional copy is end	s &
	ling Address stration Section	Street/Courier Add: Registration Section	r <u>ess</u>	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDALIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

De Martinez Sabino Holdings, 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: Mailing Address:	
2820 NW 108 Avenue Same as principal Miami, 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:  Emanuele De Malfanes	
Emanuele De Malfenery  Name  2820 NW 108 Avenue  Florida street address (P.O. Box NOT acceptable)	
Miami FL 38172  City Zip	
Having been named as registered agent and to accept service of process for the above stated limited liability company of 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)	

(CONTINUED)

Page 1 of 2

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	Emanuele De Martiner
1110-K	2820 NW 108 Avenue
NA C A	Momi fl. 33172
MGR	Junida Sabino 2820 NOV 108 Avenue
	Miemi, L. 33/72
(Use attachment if necessary)	
ffective date is listed, the date must b	date of filing: 06/18/2014 (OPTIONAL) e specific and cannot be more than five business days prior to or 90 days
LE V: Effective date, if other than the ffective date is listed, the date must be of filing.)  LE VI: Other provisions, if any.	date of filing: 06/18/2014 (OPTIONAL) e specific and cannot be more than five business days prior to or 90 days
ffective date is listed, the date must be of filing.)	e specific and cannot be mofe than five business days prior to or 90 days
ffective date is listed, the date must be of filing.)  LE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of	A Specific and cannot be more than five business days prior to or 90 days  Light Specific and cannot be more than five business days prior to or 90 days  Light Specific and cannot be more than five business days prior to or 90 days  Light Specific and cannot be more than five business days prior to or 90 days  Light Specific and cannot be more than five business days prior to or 90 days  Light Specific and cannot be more than five business days prior to or 90 days  Light Specific and cannot be more than five business days prior to or 90 days  Light Specific and cannot be more than five business days prior to or 90 days  Light Specific and cannot be more than five business days prior to or 90 days  Light Specific and cannot be more than five business days prior to or 90 days  Light Specific and cannot be more than five business days prior to or 90 days  Light Specific and cannot be more than five business days prior to or 90 days  Light Specific and cannot be more than five business days prior to or 90 days  Light Specific and cannot be more than five business days prior to or 90 days  Light Specific and cannot be more than five business days prior to or 90 days  Light Specific and cannot be more than five business days prior to or 90 days  Light Specific and cannot be more than five business days prior to or 90 days  Light Specific and cannot be more than five business days prior to or 90 days  Light Specific and cannot be more than five business days prior to or 90 days  Light Specific and cannot be more than five business days prior to or 90 days  Light Specific and cannot be more than five business days prior to or 90 days  Light Specific and cannot be more than five business days prior to or 90 days  Light Specific and cannot be more than five business days prior to or 90 days  Light Specific and cannot be more than five business days prior to or 90 days  Light Specific and cannot be more than five business days prior to or 90 days  Light Specific and cannot be more than five business days prior to or 90 da
ffective date is listed, the date must be of filing.)  LE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of (In accordance with section constitutes an affirmation)	A member or an authorized representative of a member. In 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true.
ffective date is listed, the date must be of filing.)  LE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of (In accordance with section constitutes an affirmation I am aware that any false)	member or an authorized representative of a member.  n 605.0203 (1) (b), Florida Statutes, the execution of this document
REQUIRED SIGNATURE:  Signature of (In accordance with sectic constitutes an affirmation 1 am aware that any false)	member or an authorized representative of a member.  n 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true.  nformation submitted in a document to the Department of State
REQUIRED SIGNATURE:  Signature of (In accordance with section constitutes an affirmation 1 am aware that any false constitutes a third degree	A supplied by the second of th
REQUIRED SIGNATURE:  Signature of (In accordance with section constitutes an affirmation I am aware that any false constitutes a third degree	member or an authorized representative of a member. In 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. Information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.)  Typed or printed name of signee  Filing Fees:  Forganization and Designation of Registered Agent

Page 2 of 2