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Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : CORP USA  
Account Number : 072450003255  
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Fax Number : (786) 409-5946

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FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

\*\*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.  
GROVE 6, LLC.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Grove 6, LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.  
Please return all correspondence concerning this matter to the following:

Claudia Rubio Name of Person  
Windsor Title Services, Inc. Firm/Company  
3191 Coral Way, Suite 106 Address  
Miami, FL 33145 City/State and Zip Code  
claudiar@windsortitle.com  
E-mail address: (to be used for future annual report notification)

2014 JUL -9 AM 9:26  
STATE OF FLORIDA  
TALLAHASSEE

For further information concerning this matter, please call:

Karina Mestre at ( 305 ) 444.2086  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street/Courier Address  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Grove 6, LLC., a Florida limited liability Company
(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:

2137 N.W. 2nd Avenue
Miami, FL 33127

2137 N.W. 2nd Avenue
Miami, FL 33127

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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
another business entity with an active Florida registration.)

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

George S. Zamora, Esq.
Name

3191 Coral Way, Suite 106
Florida street address (P.O. Box NOT acceptable)

Miami FL 33127
City 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 605, F.S..

[Handwritten Signature]

Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

**Name and Address:**

Alfredo Borges

2137 N.W. 2nd Avenue

Miami, FL 33127

AMBR

Rafael Cedeño

2137 N.W. 2nd Avenue

Miami, FL 33127

AMBR

Alejandro Rodriguez

200 Crandon Blvd., Suite 315

Key Biscayne, FL 33149

STATE DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

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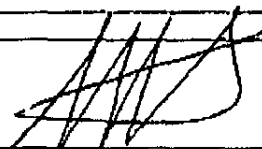
(Use attachment if necessary)

**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.)

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**



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.)

Alfredo Borges

Typed or printed name of signee

**Filing Fees:**

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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