

#L14000129514

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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2014 AUG 14 PM 12:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
AUG 19 2014



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 29, 2014

LAW OFFICES GERALD SILVERMAN
25 WEST FLAGLER ST, STE. 900
MIAMI, FL 33130

SUBJECT: SERRA2014, LLC
Ref. Number: W14000046365

We have received your document for SERRA2014, LLC and your check(s) totaling \$250.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 214A00016216

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I -- NAME

The name of the limited liability company is SERRA2014, LLC.

ARTICLE II -- ADDRESS

The mailing address and street address of the principal office of the limited liability company is:

Principal Office Address:

11355 SW 82nd Avenue
Miami, FL 33156

Mailing Address:

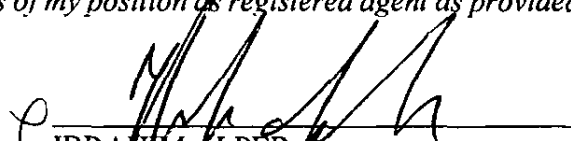
11355 SW 82nd Avenue
Miami, FL 33156

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

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

IBRAHIM ALPER
11355 SW 82nd Avenue
Miami, FL 33156

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..


IBRAHIM ALPER

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TALLAHASSEE, FLORIDA

ARTICLE IV --

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

Title:

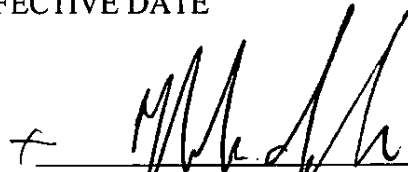
Name and Address:

MGR

IBRAHAM ALPER
11355 SW 82nd Avenue
Miami, FL 33156

ARTICLE V-- EFFECTIVE DATE

The Effective date is the date of filing.



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.)

IBRAHIM ALPER

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CLERK OF STATE
TALLAHASSEE, FLORIDA