

L14000160355

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
Phone : (305) 634-3694
Fax Number : (305) 633-9699

****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.
PRADE, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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14 OCT 14 AM 7:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

Electronic Filing Menu

Corporate Filing Menu

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is:

PRADE, 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:

DIPLOMAT OCEAN FRONT RESIDENCES

SAME

3535 SOUTH OCEAN DRIVE

HOLLYWOOD, FL 33019

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature

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

ROBERTO PRADILLA

Name

3535 SOUTH OCEAN DRIVE

Florida street address (P.O. Box NOT acceptable)

HOLLYWOOD, FL 33019

City, State and Zip

Having been named as registered agent and to accept service to process for the above stated 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 in Chapter 605 F.S.

Roberto Pradilla

Registered Agent's Signature

(CONTINUED)

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ARTICLE IV - Manager(s) of Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

Address:

Name and

"MGR" = Manager

"MGRM" = Managing Member

MGRM

ROBERTO PRADILLA

3535 SOUTH OCEAN DRIVE

HOLLYWOOD, FL 33019

MGRM

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

[Signature]

Signature of member or an authorized representative of a member

(In accordance with section 605.02, Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

ROBERTO PRADILLA

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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