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Florida Department of State
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : ARAZOZA & FERNANDEZ-FRAGA P.A.
Account Number : 076624003440
Phone : (305)444-6226
Fax Number : (305)442-4829

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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14 OCT 29 AM 10:00

DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

**FLORIDA LIMITED LIABILITY CO.
8930 AVL SCHOOLHOUSE RD LLC**

OCT 30 2014

A. LUKY

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

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ARTICLES OF ORGANIZATIONOF8930 AVL SCHOOLHOUSE RD LLC

The undersigned members to these Articles of Organization hereby associate themselves together to form a Limited Liability Company under the laws of the State of Florida.

ARTICLE I
NAME

The name of this Limited Liability Company is: 8930 AVL SCHOOLHOUSE RD LLC

ARTICLE II
GENERAL NATURE OF BUSINESS

The Limited Liability Company may engage in any activity or business permitted under the laws of the United States and of the State of Florida.

ARTICLE III
TERM OF EXISTENCE

This Limited Liability Company is to exist perpetually. The Limited Liability Company's business will continue without regard to the death, retirement, resignation, expulsion, bankruptcy or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the Limited Liability Company.

ARTICLE IV
ADDRESS

The principal office and mailing address of this Limited Liability Company in the State of Florida is 5035 Hammock Lake Drive, Coral Gables, FL 33156. The Board of Managers may from time to time move the principal office to another address in Florida.

ARTICLE V
REGISTERED OFFICE, REGISTERED AGENT

That 8930 AVL SCHOOLHOUSE RD LLC, desiring to organize under the laws of the State of Florida, with its principal office as indicated in the Articles of Organization at the County of Miami-Dade, State of Florida, hereby designates ARAZOZA & FERNANDEZ-FRAGA, P.A., as its Registered Agent to accept services within the State. The registered office of the Limited Liability Company shall be 2100 Salzedo Street, Suite 300 Coral Gables, Florida 33134.

FILED
2014 OCT 29 PM 00
CLERK OF DISTRICT COURT
MIAMI-DADE COUNTY, FLORIDA

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ARTICLE VI
MANAGEMENT

The Limited Liability Company is to be managed by one or more managers and is, therefore, a manager - managed company. The Initial Manager of the Company shall be:

ALESSANDRA LOSCIALE of
5035 Hammock Lake Drive, Coral Gables, Florida 33156

WITNESS the hand and seal of the Incorporator in Miami-Dade County, State of Florida, the 28 day of October, 2014


Alessandra Losciale
Incorporator

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

2014 OCT 29 PM 12 00

FILED

STATE OF FLORIDA

COUNTY OF MIAMI-DADE

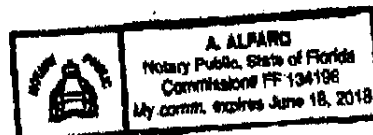
) SS:

PERSONALLY appeared before me, Alessandra Losciale, as Incorporator for 8930 AVL SCHOOLHOUSE RD LLC, for and on behalf of the entity, who produced her FL Driver License as identification or is personally known to me, who being by me first duly sworn, acknowledges that she signed the same for the purposes therein expressed.

WITNESS my hand and seal at Miami-Dade County, Florida the 28th day of October, 2014


Notary Public
State of Florida at Large

My commission expires:



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CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN FLORIDA, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED.

In compliance with Section 48.091, Florida statutes, the following is submitted:

FIRST: That 8930 AVL SCHOOLHOUSE RD LLC, desiring to organize or qualify under the laws of the State of Florida, with its principal place of business at the County of Miami-Dade, State of Florida, designates ARAZOZA & FERNANDEZ-FRAGA, P.A. as its Registered Agent to accept services within the State. The registered office of the Limited Liability Company shall be 2100 Salzedo Street, Suite 300 Coral Gables, Florida 33134.

Having been named to accept service of process for the above stated Limited Liability Company, at the place designated in this certificate, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties.

The Registered Agent

By: 
Adelaida Fernandez-Fraga
Date: October 29, 2014