

FAX AUDIT NO.: H14000279612 3

L140001PSF33

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H14000279612 3))



H140002796123ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From: Account Name : MICHAEL J. FREEMAN, P.A.  
Account Number : 072720000142  
Phone : (305) 442-1567  
Fax Number : (305) 442-1227

\*\*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.  
GRAND PH 4140 LLC

Certificate of Status	1
Certified Copy	1
Page Count	02
Estimated Charge	\$160.00

RECEIVED  
14 DEC -4 AM 10:00  
DIVISION OF CORPORATIONS  
BUREAU OF COMMERCIAL  
INFORMATION SERVICES

FILED  
14 DEC -4 AM 7:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Electronic Filing Menu Corporate Filing Menu Help  
FAX AUDIT NO.: H14000279612 3

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I – Name:**

The name of the Limited Liability Company is:

**GRAND PH 4140 LLC**

**ARTICLE II – Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:** 153 Sevilla Avenue  
Coral Gables, FL 33134

**Mailing Address:** P.O. Box 140668  
Coral Gables, FL 33114

**ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature:**


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

M.J. F. Registered Agent Corp.  
Name

153 Sevilla Avenue  
Florida Street Address (No P.O. Box)

Coral Gables, FL 33134  
City, State, and Zipcode

*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..*

  
\_\_\_\_\_  
Registered Agent's Signature  
(Michael J. Freeman, President)

**FILED**  
**14 DEC -4 AM 7:30**  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FAX AUDIT NO.: H14000279612 3

**ARTICLE IV - Manager(s) or Managing Member(s):**

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

**Title:**

"AMBR" = Authorized Member  
"MGR" = Manager

**Name and Address:**

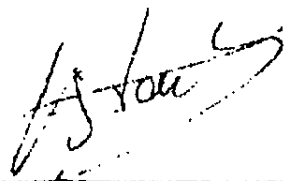
MGR

Lena Constantini  
P.O. Box 140668  
Coral Gables, FL 33114-0668

MGR

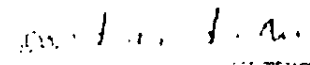
Jean - Pierre Constantini  
P.O. Box 140668  
Coral Gables, FL 33114-0668

**REQUIRED SIGNATURE:**



*Lena Constantini*

**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.)



Lena Constantini

Type or print name of signee

**Filing Fees:**

- \$125.00 Filing Fee for Articles of Organization & Designation of Registered Agents
- \$30.00 Certified Copy (Optional)
- \$5.00 Certificate of Status (Optional)

15 DEC -4 AM 7:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILED**

FAX AUDIT NO.: H14000279612 3