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M. MILLIGAN EXAMINER

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## **COVER LETTER**

TO: Registration Division of	n Section Corporations		
SUBJECT: PILLA	R MIRADOR SOUTH LLC.		····
	Name of Lir	mited Liability Company	
The enclosed Articles	s of Organization and fee(s) a	re submitted for filing.	
Please return all corre	espondence concerning this m	atter to the following:	
Ronald	Pillar		
		Name of Person	
PIL	LAR MIRADOR S	WITH LLC.	
		Firm/Company	
300 Sou	nth Pointe Drive, Suite 1004	4	
		Address	
Miami B	each, FL 33139		
	C	City/State and Zip Code	
rpillar64@gma	ll.com	d for future annual report notifica	-C
	E-mail address: (to be use	a for future annual report notifica	ation)
For further information	on concerning this matter, plea	ase call:	
Ronald Pillar	at ( <u>!</u>	917 ) 767-1007	
Nar	ne of Person	Area Code Daytime Te	lephone Number
Enclosed is a check for	or 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)
<u>Ma</u>	iling Address	Street/Courier Add	ress

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

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:	
PILLAR MIRADOR SOUTH LLC.  (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 o	ffice of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
300 South Pointe Drive Suite 1004 Miami Beach, FL 33139	36 Old Farms Road Woodcliff Lake, NJ 07677
ARTICLE III - Registered Agent, Registered Office, (The Limited Liability Company cannot serve as its own another business entity with an active Florida registratio	Registered Agent. You must designate an individual or
The name and the Florida street address of the registered HRWOLD M. ST	PAUS JR
10081 PINES	BLVD. Suite C
PEMBROKE PIN	( NOT acceptable)
City	Zip
the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions of my duties, and I am familiar with and accept the ob	rvice of process for the above stated limited liability company at the appointment as registered agent and agree to act in this of all statutes relating to the proper and complete performance ligations of my position as registered agent as provided for in ter 605, F.S
Registered Agent's Signa	ture (REQUIRED)
(CONTINU	ED)

Page 1 of 2

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se attachment if necessary)		139		
VI: Other provisions, if any.		<del></del> .		
COUIRED SIGNATURE:	d Poller			· · · · · ·
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Signature of a member or an a (In accordance with section 605.0203 (1) (b) constitutes an affirmation under the penaltie. I am aware that any false information submit constitutes a third degree felony as provided	uthorized represo, Florida Statutes, s of perjury that the ted in a document	entative of a the execution e facts stated to the Depar	n of this doc herein are tr	ue.
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ARTICLE IV-