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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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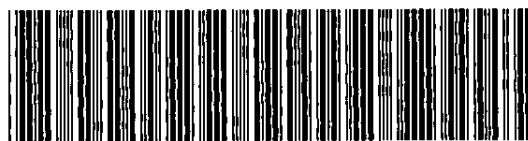
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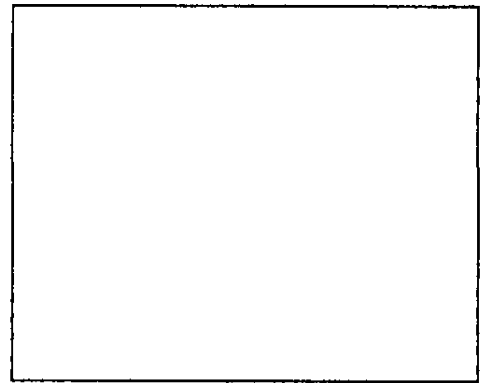
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TALLAHASSEE, FLORIDA

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ENTITY NAME:

DORAL ISLES 6237, LLC

CK# 6889 FOR \$360.00 (\$160.00 for this filing)

PLEASE FILE THE ATTACHED ARTICLES & RETURN THE FOLLOWING:

CERTIFIED COPY

STAMPED COPY

CERTIFICATE OF STATUS

Examiner's Initials

ARTICLES OF ORGANIZATION OF
DORAL ISLES 6237, LLC

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ARTICLE I
NAME

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The name of this Limited Liability Company shall be DORAL ISLES 6237, LLC (the "Company").

ARTICLE II
PRINCIPAL PLACE OF BUSINESS

The principal place of business of the Company shall be 6237 NW 113 Place, Doral, FL, 33178 and such other place or places as the members from time to time may determine. The mailing address of the Company is c/o 1500 San Remo Avenue, Suite 125, Coral Gables, FL 33146.

ARTICLE III
INITIAL REGISTERED OFFICE AND
REGISTERED AGENT

The initial registered agent of the Company shall be Atrium Registered Agents, Inc. The address of the initial registered agent is 1500 San Remo Avenue, Suite 125, Coral Gables, Florida 33146.

ARTICLE IV
MANAGEMENT

The Limited Liability Company is to be managed by one or more managers and is, therefore, a manager – managed company. The name and address of the manager who will serve as manager until the first annual meeting of members or until his successor is selected and qualified in accordance with the Operating Agreement or applicable law is:

Nicolas Agrapidaki
c/o 1500 San Remo Avenue, Suite 125,
Coral Gables, FL 33146

ARTICLE V
DURATION

The period of duration of the Company shall be perpetual, and the Company shall be in existence until dissolved in a manner provided by law, or as provided in the Operating Agreement.

IN WITNESS WHEREOF, the undersigned has caused these Articles of Organization to be executed on the 21 day of April, 2015, effective upon filing same with the Florida Department of State.

BY:



Jose L. Nufiez, Authorized Representative

(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.)

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is:

DORAL ISLES 6237, LLC

2. The name and address of the registered agent and office is:

Atrium Registered Agents, Inc.
1500 San Remo Avenue, Suite 125
Coral Gables, Florida 33146

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..

ATRIUM REGISTERED AGENTS, INC.

By: 

JOSE L. NUÑEZ, Vice President

Date: April 27 2015.

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2015 APR 28 AM 8: 38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA