

L15000076359

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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**FLORIDA LIMITED LIABILITY CO.
DORAL CAY 10481 LLC**

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

15 APR 30 11:10:00

STATE OF FLORIDA
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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April 30, 2015

FLORIDA DEPARTMENT OF STATE
Division of Corporations

LAZARUS

SUBJECT: DORAL CAY 10481 LLC
REF: W15000030411

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

List the name of the Registered Agent in Article III.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Neysa Culligan
Regulatory Specialist II

FAX Aud. #: H15000104999
Letter Number: 915A00008833

REC'D
15 APR 30 11:10:00
BUREAU OF CORPORATIONS
INFORMATION SERVICES

H15000104999

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: *(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")*

DORAL CDY 10481 LLC

ARTICLE II - Address:

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

10481 NW 61 LN
DORAL FL 33178

ARTICLE III - Registered Agent, Registered Office:

The name and the Florida street address of the registered agent are: *(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)*

10481 NW 61 LN
DORAL FL 33178
VICTOR VARGAS SANDOVAL

ARTICLE IV-

The name and title of each person authorized to manage and control the Limited Liability Company:

VICTOR VARGAS SANDOVAL AMBR
ALEXANDRA GIL AMBR

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2015 APR 30 AM 9:14

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Required Signatures:



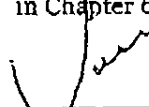
Signature of a member or an authorized representative of a member.

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.

VICTOR VARGAS ALEXANDRA GIL

Typed or printed name of signee

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 (REQUIRED)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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