

**L150000716359**

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
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15 APR 30 PM 10:00

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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 refax 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 7:14:00  
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  
ALEXANDRO GIL AMBR

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TALLAHASSEE, FLORIDA

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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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