

## 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.

(((H150001813183)))



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)617-6381

From:

Account Name

: EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I20000000146 Phone : (305)444-4994

Fax Number

: (305)444-4977

**Enter the email address for this business entity to be used annual report mailings. Enter only one email address pleater.  Email Address:	15 JUL 27 SECRETARY AFTER HASSE	
FLORIDA LIMITED LIABILITY CO. 2131 FISHER ISLAND, LLC	M 10: 32	

ومراقية والتراوية والتراوي	
Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is	: :		
2131 Fisher Island, LLC.		:	
	s "Limited Liability Company	y, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the p	principal office of the Limited	Liability Company is:	
Principal Office Ado	: lress:	Malling Address:	
2131 Fisher Island Drive	213	1 Fisher Island Drive	
Fisher Island, Florida 33109		ier Island, Florida 33109	
	<u> </u>		<del></del>
ARTICLE III - Registered Agent, Registers (The Limited Liability Company cannot serve another business entity with an active Florida	as its own Registered Agent. registration.)		ual or
The name and the Florida street address of the	registered agent are:	<u>:</u>	
Susana R	Grueninger		
	Name	1 1	
	ca Ayenuc, Suite 100	:	
Florida str	eet address (P.O. Box NOT a	(cceptable)	
Coral Gab	les, Plorida 331		
· ·	Sity State	Zip	
Having been named as registered agent and to a place designated in this certificate, I hereby acceptures agree to comply with the provisions of all am familiar with and accept the obligations of m	of the appointment as register statutes relating to the prope	ed geent and agree to act in this and complete performance of n asprovided for in Chapter 605,	capacity. I

<u>Title;</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager AMBR/MGR	Andres Alvarez 2131 Fisher Island Drive Fisher Island, Florida 33109
te of filing.)	cific and cannot be more than five business days prior to or 90 days at
CLE V: Effective date, if other than the date of effective date is listed, the date must be spete of filling.)	ecific and cannot be more than five business days prior to or 90 days at sect the applicable statutory filing requirements, this date will not be liste
CLE V: Effective date, if other than the date of effective date is listed, the date must be spete of filling.)  If the date inserted in this block does not me current's effective date on the Department of	ecific and cannot be more than five business days prior to or 90 days at sect the applicable statutory filing requirements, this date will not be liste
CLE V: Effective date, if other than the date of effective date is listed, the date must be spete of filling.)  If the date inserted in this block does not me current's effective date on the Department of	ecific and cannot be more than five business days prior to or 90 days at sect the applicable statutory filing requirements, this date will not be liste
CLE V: Effective date, if other than the date of effective date is listed, the date must be spete of filing.)  If the date inserted in this block does not meaner is effective date on the Department of CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a mental document is executed a management of a management is executed a management any false.	miler of an authorized representative of a member.  det in accordance with section 605.0203 (1) (b), Florida Statutes information submitted in a document to the Department of State.
CLE V: Effective date, if other than the date of effective date is listed, the date must be spete of filing.)  If the date inserted in this block does not meanent's effective date on the Department of CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a mental document is executed a management of a	miler of an authorized representative of a member.  action accordance with section 605.0203 (1) (b), Florida State information submitted in a document to the Department of State information submitted in a document to the Department of State.

Page 2 of 2