

DEC/29/2015/TUE 11:29 AM

12/21/2015

FAX 0.

P. 001

Division of Corporations

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.

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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 for future annual report mailings. Enter only one email address please.****

Email Address: _____

15 DEC 29 AM 9:18

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AND
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA LIMITED LIABILITY CO.
THE PROPERTY MANAGEMENT GROUP LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

15 DEC 29 PM 12:00

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TALLAHASSEE, FLORIDA

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850-617-6381

FAX No. P. 002
12/22/2015 9:39:58 AM PAGE 1/001 Fax Server



December 22, 2015

FLORIDA DEPARTMENT OF STATE
Division of Corporations
EXPRESS CORPORATE FILING SERVICE INC.

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.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

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) 245-6052.

Jessica A Fason
Regulatory Specialist II

FAX Aud. #: H15D00300392
Letter Number: 515A00026720

P.O BOX 6327 - Tallahassee, Florida 32314

DEC/29/2015/TUE 11:30 AM

FAX No.

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AND
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15 DEC 29 AM 9:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

The I Property Management Group 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 office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

6850 Coral Way, Ste # 205
MIAMI, FL 33155

6850 Coral Way, Ste # 205
MIAMI, FL 33155

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(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.)

The name and the Florida street address of the registered agent are:

CRISTIAN OTERO

Name

6850 CORAL WAY STE # 205

Florida street address (P.O. Box NOT acceptable)

Miami

FL

33155

City

Zip

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.

Cristian Otero
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV-

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

Title:

AMBR = Authorized Member

MGR = Manager

Name and Address:

MGR

CRISTIAN OTERO

6850 BOADWAY STE #205
MIAMI FL 33155

AMBR

LOREDA BENDZORAS

6850 BOADWAY STE #205
MIAMI FL 33155

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 1/1/16 (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



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.)

CRISTIAN OTERO

Typed or printed name of signer