

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L16000019755

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.

(((H16000026448 3)))



H160000264483ABC+

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 : CORP USA
 Account Number : 072450003255
 Phone : (305) 634-3694
 Fax Number : (305) 633-9696

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 FEB -1 PM 12:12
RECEIVED

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

RECEIVED
16 FEB -1 PM 2:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA LIMITED LIABILITY CO.
LA FONTANA D' ORAZIO DORAL COMMONS LLC

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

105961

Electronic Filing Menu Corporate Filing Menu Help

Handwritten signature/initials

3

H160000026448

ARTICLES OF ORGANIZATION
OF
LA FONTANA D' ORAZIO DORAL COMMONS LLC

ARTICLE I - NAME

The name of the limited liability company is LA FONTANA D' ORAZIO DORAL COMMONS LLC, ("Company").

ARTICLE II - ADDRESS

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

Principal Office Address:

3057 NW 107 Avenue
Doral, FL 33178

Mailing Address:

3057 NW 107 Avenue
Doral, Florida 33178

STATE OF FLORIDA
FILED
16 FEB - 1 PM 12:12

16 FEB - 1 PM 12:12


FILED

ARTICLE III - REGISTERED AGENT,
REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE

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

D. Ross Bridger, Esq.
80 SW 8th Street, Suite 2000
Miami, Florida 33180

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..



D. Ross Bridger, Esq.

ARTICLE IV - MANAGER

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

Title:
"MGR" = MANAGER

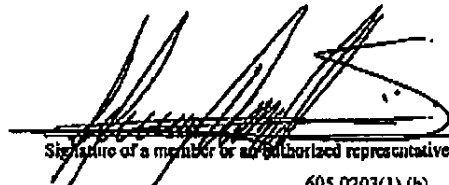
Name and Address:

MGR

HORACIO DE GRAZIA
3057 NW 107 Avenue
Doral, Florida 33178

16 FEB - 1 PM 12:12
COUNTY OF DADE
STATE OF FLORIDA

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.)

HORACIO DE GRAZIA

Typed or printed name of signee