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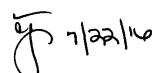


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1000 Ponce de Leon Blvd. Suite: 105 Coral Gables, FL 33134 Phone: 305-444-4994 Email: filing@ecfsfiling.com

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBERS(S):

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	(CORPORATE NAME)	(DOCUMENT #)	FILEI JUL 22 T
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С] Walk-In Pick up time:	Certified Copy 3.Certificat	te Of Status

	New Filings
	Profit
	Non-Profit
X	Limited Liability
	Other:

-7	Amendmenis
	Amendments
	Resignation
	Dissolution/Withdrawal
	Other:

Other Fillings
Annual Report
Fictitious Name
Apostille:
Other:

Examiners Initials	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

ARTICLE I - Name:

The name of the Limited Liability Company is:

16 JUL 22 PH 12: 51

Palm Ponce 04 LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

R1 (5-15) 51 (5) 52

ARTICLE II - Address:

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

City

<u>Pr</u>	incipal Office Address:		Mailing Address:
10629 NW 54tl	ı St.	1	0629 NW 54th St.
Doral, FL 3317	8	<u>D</u>	Poral, FL 33178
(The Limited Liability Cor another business entity with	d Agent, Registered Office, npany cannot serve as its own th an active Florida registration street address of the registered Alicia E Alevedo	Registered Ager on.)	gent's Signature: nt. You must designate an individual or
	Amera B Amerodo	Name	· · · · · · · · · · · · · · · · · · ·
	10629 NW 54th St.	- (D.O. Day NO)	F
	Florida street addres	s (P.O. Box <u>NO</u>	L acceptable)
	Doral	FL	33178

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..

State

Registered Agent's Signature (REQUIRED)

Zip

(CONTINUED)

Page 1 of 2

AMBR" = Manager IGR Alicia E. Aveledo 10629 NW 54th St. Doral. FL 33178 IGR Mariangel C Perez 10629 NW 54th St. Doral. FL 33178 Doral. FL 33178 V: Effective date, if other than the date of filing: (OPTIONAL) tive date is listed, the date must be specific and cannot be more than five business days prior to or 9 filing.) e date inserted in this block does not meet the applicable statutory filing requirements, this date will not seffective date on the Department of State's records. VI: Other provisions, if any. EOUIRED SIGNATURE: Signature of a member of an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes, 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. Alicia E. Aveledo Typed or printed name of signee Filling Fees:	Alicia E. Aveledo 10629 NW 54th St. Doral, FL 33178 GR Mariangel C Perez 10629 NW 54th St. Doral, FL 33178 See attachment if necessary) V: Effective date, if other than the date of filing: (OPTIONAL) ive date is listed, the date must be specific and cannot be more than five business days prior to filing.) date inserted in this block does not meet the applicable statutory filing requirements, this date we not's effective date on the Department of State's records. VI: Other provisions, if any. Signature of a member or an authorized representative of a member.	GR" = Manager Alicia E. Aveledo 10629 NW 54th St. Doral. FL 33178 BR
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