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TO AUG IN AH 7:

## **COVER LETTER**

TO:

**Registration Section** 

1	Division of Corporations	
SUBJEC	5300 PASEO DORAL LLC	
SUBJEC	Name of Limited Liability Company	
The enclo	nclosed Articles of Organization and fee(s) are submitted for filing.	
Please ret	return all correspondence concerning this matter to the following:	
	CRISTIAN A MEJIA MEJIA	
	Name of Person	
	Firm/Company	
	2984 SW 142 AVE	
	Address	
	MIRAMAR FL 33027	
	City/State and Zip Code sandyctorres@hotmail.com	
	E-mail address: (to be used for future annual report notification)	
For further	her information concerning this matter, please call:	
	CRISTIAN MEJIA MEJIA 954 850-1990 at (	
	Name of Person Area Code Daytime Telephone Nu	nber
Enclosed	sed is a check for the following amount:	
\$125.00 F	Certificate of Status Certified Copy (additional copy is enclosed)	160.00 Filing Fee, Certificate of Status & Certified Copy ditional copy is enclosed)
	Mailing Address Street Address	
	New Filing Section New Filing Section Division of Corporations Division of Corporations	
	P.O. Box 6327 Clifton Building	
	Tallahassee, FL 32314 2661 Executive Center Cir	cle

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	mpany is:			
•				
		EO DORAL LLC		
(Must end with	the words "Limited L	iability Company	, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address	ss of the principal offi	ce of the Limited	Liability Company is:	
Principal Of	ffice Address:		Mailing Address:	
5300 PASEO BOULEVA	RD DORAL UNIT 4	102 2984	SW 142 AVE	
DORAL, FL 33166			AMAR, FL 33027	
		TAN A. MEJIA N Name	MEJIA	
	2004.0			
FI	2984 S' lorida street address (	W 142 AVE P.O. Box <u>NOT</u> ac	eceptable)	
F			cceptable) 33027	
F	lorida street address (	P.O. Box NOT ac	•	

(CONTINUED)

Page 1 of 2

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR	CRISTIAN A MEJIA MEJIA
	2984 SW 142 AVE
	MIRAMAR, FL 33027
	MINIMUM, I D SOUT
AMBR	ANA MARIA VALLEJO MEJIA
AMDK	2984 SW 142 AVE
	MIRAMAR, FL 33027
	MIRAWAR, TE 33027
(Use attachment if necessary)  LE V: Effective date, if other than the ffective date is listed, the date must h	date of filing: (OPTIONAL)
LEV: Effective date, if other than the ffective date is listed, the date must be of filing.)	e specific and cannot be more than five business days prior to or 90 days not meet the applicable statutory filing requirements, this date will not be listent of State's records.
LE V: Effective date, if other than the ffective date is listed, the date must be of filing.) If the date inserted in this block does ument's effective date on the Departm LE VI: Other provisions, if any.	e specific and cannot be more than five business days prior to or 90 days not meet the applicable statutory filing requirements, this date will not be listent of State's records.
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LE V: Effective date, if other than the ffective date is listed, the date must be of filing.)  If the date inserted in this block does nument's effective date on the Departm  LE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a This document is explain a ware that any	a member or an authorized representative of a member.  Recuted in accordance with section 605.0203 (1) (b), Florida Statutes.  false information submitted in a document to the Department of State

ARTICLE IV-

Page 2 of 2

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)\$ 5.00 Certificate of Status (Optional)