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Florida Department of State  
Division of Corporations  
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FLORIDA LIMITED LIABILITY CO.  
FERNWOODS GROUP INVESTMENT 317, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
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TALLAHASSEE, FLORIDA

Electronic Filing Menu

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Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

FERNWOODS GROUP INVESTMENT 317, LLC

(Must contain 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:

8775 PARK BLVD. - UNIT 317  
MIAMI, FL, 33172

3470 NW 82nd AVE,  
SUITE #880  
DORAL, FL. 33122-1028

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:

LUCILA LEYVA

Name

3470 NW 82ND AVE. - SUITE #880

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

<u>DORAL</u>	<u>FL</u>	<u>33122-1028</u>
City	State	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..*

  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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**ARTICLE IV-**

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

**Title:**  
"AMBR" = Authorized Member  
"MGR" = Manager  
AMBR

**Name and Address:**

LUCILA LEYVA  
3470 NW 82ND AVE. - SUITE #880  
DORAL, FL. 33122-1028

\_\_\_\_\_  
  
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(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

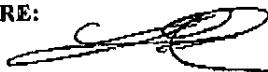
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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ARTICLE VI: Other provisions, if any.

\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED SIGNATURE:**



Signature of a member or 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.

LUCILA LEYVA

Typed or printed name of signer

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