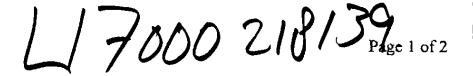
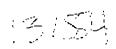
Division of Corporations



Florida Department of State

Division of Corporations Electronic Filing Cover Sheet



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Division of Corporations

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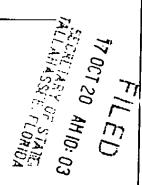
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

FLORIDA LIMITED LIABILITY CO. 1391 HOLDINGS LLC.

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



PAGE 01/03

ARTICLES OF ORCANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

				•
ARTICLE I - Nume:				
e nume of the Limited Liability	Company is:		•	
1391 Holdings LLC., a	Florida Limited Lis	shility Company		
(Must contain	n the words "Linuited	Liability Company,	"L.L.C.," or "LLC.")	
RTICLE II - Address;				
or mailing address and street add	ress of the principal	n 65 ou a fabra i 11 to 11	**	
	ton of the [Mater] at	outed of the Pithlied	Liability Company is:	
Principal Office Address:		Malling Address:		
4135 SW 103 Avenue	•			
Miami, Plorida 33165		4135 SW 103 Avenue		
		Mia:	Miami, Florida 33165	
FIGLE III - Registered Agent Limited Liability Company ra	. Registered Office,	& Registered Agen	t's Signature:	
ie Limited Liability Company ca Wher business entity with an acti	ive l'Iorida registrati	n Keyistered Agent, ? on.)	ou must designate un i	ndividual or
e name and the Florida street add	iress of the registere	d agent are:		
+	PETER R. ABESAL	DA FSO		
•		Name		
1	7676'600 0 . 4 0			
	3676 SW 2nd Street			
	Florida street addres	s (P.O. Box <u>NOT</u> ac	ceptable)	
	Miumi	Fl	33135	
	Cily	State	Zip	
inter hours summed on marriage and and	m.e		•	
ing been reuned as registered ager c designated in this configence. The	ni ana to accept servi	od of process for the	ahave stated limited liab	rilly company al
ter agree to comply with the provis	sions of all summers	outonent as registere	lagent and agree to act	in this capacity,
familiae with and accept the obliga	ttions of my acsition	cuang to the proper (Or révistaved paem o	ina complete performan I periodol for in Chart	ice of my duties, .
•	116		i provided for th Cikipie. A	r 003, F.S.,
	Vela	N. W.W.	lake -	
	Paris	01. 0000	in w —	
	Kegisa	ared Agent's Signatu	re (REQUIRED)	
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	Title:	Name and Address:				
	"AMBR" = Authorized Member "MGR" = Manager					
MGR		Michel Leon 4135 SW 103 Avenue				
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			三名	17		
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			S	OCT 20		
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	(Use attachment if necessary)			AH 10: 03	ί	
ARTICL	EV: Effective date, if other than the date of filing:		5番	ဌ		
lhe date o (Il'an effe	and a property the date may be specific BUG	cannot be more than five business days prior to or 9	0 days a	fter		
Note: if	the date inserted in this block does not meet the at	policable statutory filing requirements, this date will no	n be liste	ed as		
	sale a supplier of the background of State 3	records.				
ARTICLI	EVI: Other provisions, if any.					
 ,						
	DECHIDED SIGNATURE.					
	REQUIRED SIGNATURE: Lety K	? Rhuad agent				
	Signature of a member or	A. Mulada, agent				
	Signature of a member or a This document is executed in account any take information	an authorized representative of a tember. Ordance with section 605.0203 (1) (b), Florida Statutes.				
	Signature of a member or a This document is executed in account in a second in a ware that any false informationstitutes a third degree felony as	an authorized representative of a tember. Ordance with section 605.0203 (1) (b), Florida Statutes, ion submitted in a document to the Department of State is provided for in s.817.155, F.S.				
	Signature of a member or a This document is executed in according to the second of the	an authorized representative of a tember. Ordance with section 605.0203 (1) (b), Florida Statutes.				

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