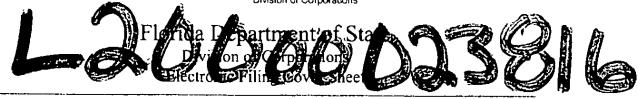
Division of Corporations



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From:

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Account Number : I20150000038 Phone : (305)485-9700

Fax Number : (305)436-0191

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FLORIDA LIMITED LIABILITY CO. THE POINTE REAL ESTATE HOLDINGS LLC

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COVER LETTER

TO:	New Filing Sea Division of Co			
SUBJE	The Points	: Real Estate Holdings LLA	2	
SUBJE	<u></u>	Name of Lin	nited Liability Company	
The cae	Sosed Articles of	Organization and fee(s) ar	e submitted for filing.	
Please :	stura all corresp	ondence concerning this me	utter to the following:	
	Manuel J. V	adiilo, Esq.		
	**************************************		Name of Person	
	Sanchez Va	diilo LLP		
		· · · · · · · · · · · · · · · · · · ·	Firm/Company	
	11402 NW	41st Street, Suite 202		
		· · · · · · · · · · · · · · · · · · ·	Address	***************************************
	Doral, FL 3	3178		
		C	City/State and Zip Code	
	mjvadiilo@s	lawus.com		
		E-mail address: (to be used	for future annual report notificat	tion)
For furth	er Information co	ncerning this matter, please	e cail:	
	Manuel J. Vi	adillo, Esq. 30	05 436-1410	
	Nan		rea Code Daytime Telephor	ne Number
Enclose	d is a check for t	he following amount:		
₩\$125	.00 Filing Fee	☐\$130.00 Filing Foc & Certificate of Status	☐\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	St 60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassea, FL 32301

SECRETARY OF STATE

ARTICLES OF ORGANIZATION FOR FLORIDALIMITED LIABILITY COMPANY

A	R	LJ	CL	Æ	1.	- N:	ame:	
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The name of the Limited Liability Company is:

The Pointe Real Estate Holdings LLC

(Must conatin 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:

5890 SW 8th Street	5890 SW 8th Street
West Miami, FL 33144	West Miami, FL 33144

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:

Manuel J. Vadillo, I	sq	
	Name	
1200 Brickell Aven	ue, Suite 1480	
Florida street addre	ss (P.O. Box <u>NOT</u> ac	cceptable)
Miami,	FL	33131
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 agistered agent as provided for in Chapter 605, F.S.

Registere Agent's Signature (REQUIRED)

(CONTINUED)

SECRETARY OF STATE

ARTICLE IV-

HE00003 1- 3

Title:	Name and Address:
"AMBR" - Authorized Member	
"MGR" = Manager	
MGR	Alain J. Hernandez
7100C	1200 Brickell Ave, Suite 1480
•	Mjami, FL 33131
MGR	Lonnie J. Steekler
2000	1200 Brickell Ave. Suito 1480
	Miami, FL 33131
ffective date is listed, the date nurse e of filher.)	the date of filing: the specific and cannot be more than five business days prior to or 90 days are the specific and cannot be more than five business days prior to or 90 days.
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