Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

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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. CARLOS H DEVELOPMENT LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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JUENNIS DEC 05 5050

AKTICLES OF ORGANIZATION FOR FLORIDAT	IMITED LIABILITY COMPANY	
ARTICLE 1 - Name: The name of the Limited Liability Company is:		
CARLOS H DEVELOPMENT LLC		
(Must contain the words "Limited Liability Co	ompany, "L.L.C.," or "LEC.")	20
ARTICLE II - Address: The mailing address and street address of the principal office of the	Limited Liability Company is:	(C)
Principal Office Address:	Mailing Address:	 -0
9597 SW 4 LN		37
MIAMI, FL 33174	SAME	 ن
		74
ARTICLE III - Registered Agent, Registered Office, & Registe (The Limited Liability Company cannot serve as its own Registered	red Agent's Signature: I Agent. You must designate an individual or	

The name and the Florida street address of the registered agent are:

another business entity with an active Florida registration.)

CARLOS H HERN	ANDEZ	
	Name	
9597 SW 4 LN		
Florida street addra	ss (P.O. Box <u>NOT</u> a	cceptable)
МІДМІ	FL	33174
City	State	Zia

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.

/s/ Carlos of Hernandez

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Title:	Same and Address:
"AMBR" = Authorized Member "MGR" = Manager	
AMBR	CARLOS H. HERNANDEZ 5597 SW 4 LN 511 MIAMI, FL 33174 511
AMBR	MAJRA L. HERNANDEZ 9597 SW 4 LN MIANIL FI, 33174
(Use attachment if necessary)	
(If an effective date is listed, the date mu the date of filing.) Note: If the date inserted in this block do the document's effective date on the Dep. ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	of a member or an authorized representative of a member. s executed in accordance with section 605.0203 (1) (b), Florida Smittes.
This document if I am aware that	my false information submitted in a document to the Department of State
This document if I am aware that constitutes a thir	any false information submitted in a document to the Department of State d degree felony as provided for in \$.817.155, F.S.

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional)

5 5.00 Certificate of Status (Optional)