Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850)617-6381

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FLORIDA LIMITED LIABILITY CO. 3061 ELIZABETH DEVELOPERS LLC

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Page Count	03
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ARTICLES OF	ORGANIZATION FOR I	FLORIDA ILMITED	LIABILITY COMPANY	
ARTICLE 1 - Name:				
The name of the Limited Liabilit	ry Company is:			
3061 Elizabeth Deve	Jones II C			
	ain the words "Limited I	Liability Company,	"L.L.C.," or "LLC.")	
ARTICLE II - Address:				
The mailing address and street a	ddress of the principal o	ffice of the Limited	Liability Company is:	
<u>Princip</u>	al Office Address:		Malling Address	ţ :
3053 Gifford Lane		305	3 Gifford Lane	
Miami, FL 33133		Mia	mi, FL 33133	
The name and the Florida street	address of the registered Perez Abello Law PL	_		
		Name		
	1390 S. Dixie Hwy,	Suite 1309		
	Florida street address	s (P.O. Box <u>NOT</u> a	ecceptable)	
	Coral Gables	FL	33146	
	City	State	Zip	
Having been named as registered place designated in this certificate further agree to comply with the p	, I hereby accept the apportions of all statutes re	ointment as register elating to the prope	red agent and agree to act in t	Lis capacity. I of my duties, and I

(CONTINUED)

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"AMBR" = "MGR" = 1	Authorized Member Manager	Name and Address:
MGR		Juan M. Echeverτi
		3053 Gifford Lane
		Miami, FL 33133
	 .	
		
	ment if necessary)	
FICLE V: Effection effective date of filing.) te: If the date insidecument's effective files.	ive date, if other than the date s listed, the date must be sp	e of filing:
TICLE V: Effect an effective date date of filing.) te: If the date ins document's effect TICLE VI: Other	ive date, if other than the date s listed, the date must be sp erted in this block does not a tive date on the Department	pecific and cannot be more than five business days prior to or 90 days after meet the applicable statutory filing requirements, this date will not be listed of State's records.
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TICLE V: Effect an effective date date of filing.) te: If the date ins document's effect TICLE VI: Other	ive date, if other than the date s listed, the date must be specified in this block does not a tive date on the Department provisions, if any. D SIGNATURE: Signature of a mathematical This document is executed am aware that any fals	Decustaned by: June M. Educero ember or an altered Pepresentative of a member. ated in accordance with section 605.0203 (1) (b), Florida Statutes. the information submitted in a document to the Department of State
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