Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H210001906673)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

	Division of Cor Fax Number	: (850)617-6381	<u>:</u>
From:			,
	Account Name	: EXPRESS CORPORATE FILING SERVICE INC.	
	Account Number	: 120000000146	•
	Phone	: (305)444-4994	
	Fax Number	: (305)444-4977	
			-
*Enter ani	the email address	s for this business entity to be used for ngs. Enter only one email address please.	fütur **

## FLORIDA LIMITED LIABILITY CO. LUCIDASA INVESTMENTS LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

Electronic Filing Menu Corporate Filing Menu

Help

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability	y Company is:			
LUCIDASA INVES	TMENTS LLC			
	ain the words "Limited	Liability Comp	any, "L.L.C.," or "LLC	Ċ.")
ARTICLE II - Address: The mailing address and street a	ddress of the principal c	office of the Lir	nited Liability Compar	ny is:
Princip	al Office Address:		Mailin	ng Address:
2665 South Bayshors Miami, Florida 3313			2665 South Bayshore Miami, Florida 33133	
ARTICLE III - Registered Ag (The Limited Liability Company another business entity with an a The name and the Florida street	cannot serve as its owr active Florida registration	n Registered Agon.)	Agent's Signature: ent. You must designa	te an individual or
	WORLD CORPORA	ATE SERVICE	S INC	
		Name		
	2665 SOUTH BAYS	SHORE DRIVE	SUITE 703	<u>_</u>
	Florida street addres	ss (P.O. Bex <u>N</u> 0	<u>T</u> acceptable)	
	MIAMI	FLORII	DA 33133	
	City	State	Zip	
Having been named as registered in place designated in this certificate, further agree to comply with the pi ant familiar with and accept the ob	I hereby accept the approvisions of all statutes rolligations of my position	pointment as reg relating to the pi as registered a	istered agent and agre- roper and complete per	e to act in this capacity. I formance of my duties, and i Chapter 605, F.S.
		(CONTINU	ED)	į

4411117 / o. no

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	FERNAN RODRIGUEZ 2665 SOUTH BAYSHORE DRIVE, SUITE 703
	MIAMI, FLORIDA, 33133
•	
(Use attachment if necessary)	
CLE V: Effective date, if other than the defective date is listed, the date must be ite of filling.)  If the date inserted in this block does no	of meet the applicable statutory filing requirements, this date will not be listed
CLE V: Effective date, if other than the defective date is listed, the date must be ite of filing.)  If the date inserted in this block does not become it's effective date on the Department.	of meet the applicable statutory filing requirements, this date will not be listed
CLE V: Effective date, if other than the deflective date is listed, the date must be ite of filing.)  If the date inserted in this block does not be determined by the date of the Department's effective date on the Department's counterprovisions, if any.	of State's records.
CLE V: Effective date, if other than the deflective date is listed, the date must be ite of filing.)  If the date inserted in this block does not be determined by the date of the Department's effective date on the Department's counterprovisions, if any.	of meet the applicable statutory filing requirements, this date will not be listed
CLE V: Effective date, if other than the deffective date is listed, the date must be ate of filing.)  If the date inserted in this block does not be determined by the date of the Department of	of State's records.
CLE V: Effective date, if other than the deffective date is listed, the date must be site of filing.)  If the date inserted in this block does not be determined to be determined to the Department of the Departm	of State's records.
CLE V: Effective date, if other than the deffective date is listed, the date must be ate of filing.)  If the date inserted in this block does not occurrent's effective date on the Department of the Department o	of State's records.
CLE V: Effective date, if other than the defective date is listed, the date must be ate of filing.)  If the date inserted in this block does not becoment's effective date on the Department CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:	of meet the applicable statutory filing requirements, this date will not be listed ent of State's records.
CLE V: Effective date, if other than the deffective date is listed, the date must be ate of filing.)  If the date inserted in this block does not occurrent's effective date on the Department of the Department o	member or an authorized representative of a member. ecuted in accordance with section 605.0203 (1) (b), Florida Statutes.
CLE V: Effective date, if other than the defective date is listed, the date must be site of filing.)  If the date inserted in this block does not becoment's effective date on the Department's effective date in this block does not be determined as a second date of the Department's effective date on the Department's effective date	member or an authorized representative of a member. ecuted in accordance with section 605.0203 (1) (b), Florida Statutes. also information submitted in a document to the Department of State
CLE V: Effective date, if other than the deffective date is listed, the date must be te of filing.)  If the date inserted in this block does not becoment's effective date on the Department of	member or an authorized representative of a member. ecuted in accordance with section 605.0203 (1) (b), Florida Statutes.

S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)