Division of Corporations Electronic Filing Cover Sheet

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.

(((H22000265538 3)))



H220002655383ABCD

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

To:

Division of Corporations

3052201440

Fax Number : (850)617-6381

From:

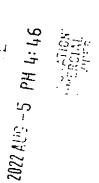
Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019

Phone : (305)552-5973 Fax Number : (305)675-5944

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

Fmail	Address:		



FLORIDA LIMITED LIABILITY CO. ARGENTINA REAL ESTATE 2 LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

Electronic Filing Menu

Corporate Filing Menu

Help



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE	I -	Name:
---------	-----	-------

The name of the Limited Liability Company is:

ARGENTINA REAL ESTATE 2 LLC

3052201440

(Must contain 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: 1390 S. Dixic Hwy 1390 S. Dixie Hwy Suite 1309 Suite 1309 Coral Gables, FL 33146 Coral Gables, FL 33146 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: Perez Abello Law PLLC Name 1390 S. Dixie Hwy, Suite 1309 Florida street address (P.O. Box NOT acceptable)

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..

FL

State

Coral Gables

City

Registered Agent's Signature (REQUIRED)

33146

Zip

(CONTINUED)

"AMBR" = Authorized Member "MGR" = Manager	Name and Address:		
MGR	Yethro Dinamarca Santelices 1390 S. Dixic Hwy, Suite 1309 Coral Gables, FL 33146		
			_
			-
			<u> </u>
(Use attachment if necessary)		:	
ate of filing.) If the date inserted in this block does not n	of filing:eclfic and cannot be more than five business	days prior to or 90	
ocument's effective date on the Department of ICLE VI: Other provisions, if any.	of State's records.	- *	2: 25
	<u> </u>		
REQUIRED SIGNATURE:			

Filing Fees:
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Section 10

- \$ 5.00 Certificate of Status (Optional)