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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : NELSON & ASSOCIATES, C.P.A., P.A.

Account Number : I20120000083 Phone : (305)593-0829 Fax Number : (305)593-8744

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

Email Address: ANNUALRENEWALS@TAXNELSON.COM

## FLORIDA LIMITED LIABILITY CO. EMINENCE PROPERTY FINDINGS LLC

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## ADTICUTES OF OR CANIZATION FOR FUORIDA LIMITED LIABILITY COMPANY

ARTICLESOF	ORGANIZATIONTON	(-COLODA DO	MILEDIANDER I COME	
ARTICLE I - Name: The name of the Limited Liability	/ Company is:			
EMINENCE PROPE	RTY FINDINGS LLC		W 1 O W W I O B	
(Must conta	in the words "Limited.	Liability Con	ipany, "L.L.C.," or "LLC."	)
ARTICLE II - Address: The mailing address and street ad	dress of the principal o	ffice of the L	imited Liability Company i	<b>s</b> :
Princips	il Office Address:		Mailing A	Address:
10340 SW 62ND ST			10340 SW 62ND ST	
MIAMI, FL 33173			MIAMI, FL 33173	
The name and the Florida street a	ddress of the registered	d agent are:		
	BEATRIS GONZAL		- <del></del>	<del>_</del>
		Name		
	10340 SW 62ND ST	•		
	Florida street addres	s (P.O. Box ]	YOT acceptable)	
	MIAMI	FL	33173	_
	City	State	Zip	
y , 1		laa afmuaaan	for the above stated limited	Habilitu company at ti
laving been named as registered a lace designated in this certificate,	gem and to accept serv. I hereby accept the app	ice oj process olniment as r	got the doove stated infined egistered agent and agree to	act in this capacity.
when agree to comply with the pr		مناد مدسينيسان	proper and complete newfor	mance of my duties as

further agree to comply with the provisions of all statutes relating to the proper and complete performance of my due am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

## (((H22000305664 3)))

Title:	Name and Address:	
"AMBR" = Authorized Member		
"MGR" = Manager		
AMBR	BEATRIS GONZALEZ	
71111111	10340 SW 62ND ST	
	MIAMI, FL 33173	<del></del>
	O LED DOWN A GOVERN YOR	
AMBR	GARRETT J. GONZALEZ 10340 SW 62ND ST	
	MIAMI, FL 33173	
AMBR	RYAN O, GONZALEZ	
AMERIC	10340 SW 62ND ST	
	MIAMI, FL 33173	
	· · · · · · · · · · · · · · · · · · ·	
R.V: Effective date, if other than th	te date of filing: (OPTION be specific and cannot be more than five business days prior	NAL) or to or 90 d
EV: Effective date, if other than the ective date is listed, the date must of filing.)  the date inserted in this block doe.	be specific and cannot be more than five business days pro	or to or yu a
EV: Effective date, if other than the ective date is listed, the date must of filing.)  the date inserted in this block doement's effective date on the Depart.  EVI: Other provisions, if any.	be specific and cannot be more than five business days prospective applicable statutory filing requirements, this date timent of State's records	or to or yu di
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