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(Requestor's Name)
	(Address)
	(Address)
·	
((City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Business Entity Name)
((Document Number)
Certified Copies	Certificates of Status
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FLORIDA CAPITAL COURIER SER 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-624	VICES. INC .	
Please use funds from this account Authorization Signature: Craft Doral isles LLC Business		
Walk in	Pick up time	
Mail out Will wait		
Certified copy of articles		
Certificate of Status		
NEW FILINGS	<u>AMMENDMENTS</u>	
Profit Not for Profit X_Limited Liability Domestication Other CORP LLLP	AmendmentResignation of R.A. Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger Conversion	
OTHER FILINGS	REGISTERATION/QUALIFICATIONS }	
Annual ReportFictitious Name	Foreign filing Limited Partnership Reinstatement	
APOSTIL	Other The Grant Control of the	

EXAMINER'S INITIALS:____

2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-624	S. INC
Please use funds from this account: I2 Authorization Signature: Craft Doral isles LLC Business	4 4
Walk in	Pick up time
Mail out	Will wait
Certified copy of articles	
Certificate of Status	
NEW FILINGS	<u>AMMENDMENTS</u>
ProfitNot for ProfitX_Limited LiabilityDomesticationOtherCORPLLP OTHER FILINGS	AmendmentResignation of R.A. Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger Conversion REGISTERATION/QUALIFICATIONS
Annual ReportFictitious Name	Foreign filing Limited Partnership Reinstatement
APOSTIL Country	Other
EXAMINER'S INITIALS:	ni li

COVER LETTER

TO:	New Filing Section Division of Corporations		
SUBJI	Craft Doral Isles LLC		
30141		mited Liability Company	_
The en	closed Articles of Organization and fee(s) a	re submitted for filing.	
Please	return all correspondence concerning this n	natter to the following:	
	MARTIN E DELLOCA		
		Name of Person	
	MDELL CONSULTING CORP		
		Firm/Company	
	848 BRICKELL AVE STE 1130		
		Address	
	MIAMI, FL, 33131		
		City/State and Zip Code	
	MDELLOCA@MDELLCONSULTING		
	E-mail address; (to be use	d for future annual report notification)	
For furth	ner information concerning this matter, plea	se call:	
		6073493	
		Area Code Daytime Telephone Number	_
Enclos	sed is a check for the following amount:		G. 85
■ \$12	5.00 Filing Fee Certificate of Status	Certified Copy Certification (additional copy is enclosed) Certified	OO Filing Fee, ate of Status & Copy.
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	ESFATE ESFATE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited	Liability Company is:			
Craft Doral Is	les LLC ust contain the words "Limited	Liability Company "L	L.C. "or "LLC.")	· · · · · · · · · · · · · · · · · · ·
·		Enabling Company, 12.	2.0., 0. 2.0.,	
ARTICLE II - Address The mailing address and	: street address of the principal o	office of the Limited Liz	bility Company is:	
1	Principal Office Address:		Mailing Ad	dress:
-	LL AVE STE 1130		ICKELL AVE STE	1130
MIAMI, FL 3	3131	MIAMI	, FL 33131	
The Limited Liability Canother business entity to	red Agent, Registered Office, ompany cannot serve as its own with an active Florida registration a street address of the registere	n Registered Agent. Yo on.)	ı must designate an	individual or
	BLUEMAX PARTN			
	· · · · · · · · · · · · · · · · · · ·	Name		
	848 BRICKELL AV			
	Florida street addres	ss (P.O. Box <u>NOT</u> acce	ptable)	
	MIAMI	FLORIDA	33131	
	City	State	Zip	
lace designated in this ce wther agree to comply wi	ristered agent and to accept serventificate. I hereby accept the appoint the provisions of all statutes to the obligations of my position.	pointment as registered relating to the proper ar as registered agent as _l	agent and agree to a ad complete perform provided for in Chap	ect in this capacity. I ance of my duties, and I
		mcDell'Oca	>	
	Regis	stered Agent's Signature	(REQUIRED)	
		(CONTINUED)		$>_{\tau}$ $i_{\tau}j$

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The name and address of each person authorized to manage and control the Limited Liability Company:

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
MGR	Nicolas Fanlo Quintar 848 BRICKELL AVE STE 1130
	MIAMI, FL 33131
(Use attachment if necessary)	
(If an effective date is listed, the date must b the date of filing.)	date of filing: (OPTIONAL) e specific and cannot be more than five business days prior to or 90 days after
Note: If the date inserted in this block does rethe document's effective date on the Department.	not meet the applicable statutory filing requirements, this date will not be listed ament of State's records.
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	me Pell'Oca
This document is ex	a member or an authorized representative of a member. ecuted in accordance with section 605.0203 (1) (b), Florida Statutes.

as

Typed or printed name of signee

MARTIN E DELLOCA

constitutes a third degree felony as provided for in s.817.155, F.S.