# Florida Department of State

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.

(((H24000304727 3)))



H240003047273ABCS

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 Fax Number ; (850)617-6381

From:

Account Name: BILZIN SUMBERG BAENA PRICE & AXELROD LLP

Account Number: 075350000132 Phone: (305)374-7580 Fax Number: (305)351-2122

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

Email Address: vva@bilzin.com

## FLORIDA LIMITED LIABILITY CO.

### Mr Miami Home LLC

RECEIVED

MYSEP-6 PH S: 00

SECRE ANA SEE. FLE

1
1
02
\$160.00

Electronic Filing Menu

Corporate Filing Menu

Help

(((H24000304727 3)))

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

:

The name of the Limited Liability Company is:

Mr Miami Home LLC (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:

#### 1450 Brickell Avenue 1450 Brickell Avenue 23rd Floor 23rd Floor Miami, Florida 33131 Miami, Florida 33131

Mailing Address:

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

City

(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:

Principal Office Address:

Corporate Creations Network Inc. Name 801 US Highway I Florida street address (P.O. Box NOT acceptable) North Palm Beach Florida 33408

State

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

Zip

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..

Carlos M Alvarez, Special Secretary

Registered Agent's Signature (REQUIRED)

(CONTINUED)

(((H24000304727 3)))

## $(((H24000304727\ 3)))$

Title: "AMBR" = A "MGR" = Ma	thorized Member	ame and Address:
MGRM MGRM	Marcel	Remus International, S.L.U. de Genova 4 Palma de Mallorea, Spain
		( ) ( )
(Use attachme	nt if necessary)	
LE V: Effective fective date is I of filing.) If the date insert	date, if other than the date of filing:sted, the date must be specific and cand in this block does not meet the applications.	(OPTIONAL)
LE V: Effective ffective date is I e of filing.) If the date insert cument's effective	date, if other than the date of filing:sted, the date must be specific and cand in this block does not meet the apple date on the Department of State's re-	. (OPTIONAL) -3 nanot be more than five business days prior to or 90 licable statutory filing requirements, this date will not
TLE V: Effective effective date is I te of filing.) If the date insert cument's effective	date, if other than the date of filing:sted, the date must be specific and cand in this block does not meet the apple date on the Department of State's repositions, if any.	. (OPTIONAL) -3 minot be more than five business days prior to or 90 licable statutory filing requirements, this date will not cords.
TLE V: Effective effective date is I e of filing.) If the date insert cument's effective TLE VI: Other pr	date, if other than the date of filing:sted, the date must be specific and cand in this block does not meet the apple date on the Department of State's repositions, if any.	. (OPTIONAL) -3 nanot be more than five business days prior to or 90 licable statutory filing requirements, this date will not
CLE V: Effective effective date is I te of filing.)  If the date insert cument's effective CLE VI: Other pr	date, if other than the date of filing:sted, the date must be specific and each in this block does not meet the apple date on the Department of State's repositions, if any.  Signature of a member or an This document is executed in according	innot be more than five business days prior to or 90 licable statutory filing requirements, this date will not cords.  authorized representative of a member. lance with section 605.0203 (1) (b). Florida Statutes, a submitted in a document to the Department of State

\$ 30.00 Certified Copy (Optional)\$ 5.00 Certificate of Status (Optional)