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5/07/96

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FLORIDA DIVISION OF CORPORATIONS
PUBLIC ACCESS SYSTEM

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ELECTRONIC FILING COVER SHEET

TO: DIVISION OF CORPORATIONS

NAME: GABLES ARCHITECTURAL PARTNERSHIP, LIMITED COMPANY

DEPARTMENT OF STATE

1 NEW LAZLER

ALLAHASSEE, FL 32909

PHONE: (305) 541-3694

FAX: (904) 222-3000

FAX: (305) 541-3770

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DOCUMENT TYPE: LIMITED LIABILITY COMPANY

NAME: GABLES ARCHITECTURAL PARTNERSHIP, LIMITED COMPANY

FAX AUDIT NUMBER: H96000006435

CURRENT STATUS: REQUESTED

DATE REQUESTED: 06/07/1996

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See Ans 1, R.A. page.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

96 MAY 16 PM 5:15

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DIVISION OF CORPORATIONS

96 MAY -7 AM 11:05

RECEIVED

05/07/96 16:55 Fl. Dept. of State pl /1



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State

May 7, 1996

EMPIRE CORPORATE KIT COMPANY

MIAMI, FL

SUBJECT: GABLES ARCHITECTURAL PARTNERSHIP, LIMITED COMPANY
REF: W96000009733

We received your electronically transmitted document. However, the document has not been filed and needs the following corrections:

ORGANIZATION NAME MUST BE THE SAME.

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation"); and the registered agent's signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6934.

Loria Poole
Corporate Specialist

FAX Aud. #: H96000006435
Letter Number: 796A00022287

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

ARTICLE I - Name:

The name of the Liability Company is:

CABLES ARCHITECTURAL PARTNERSHIP, Limited Company

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

999 S. Bayshore Drive, Tower 1, No. 705
Miami, Florida 33131

ARTICLE III - Duration:

The period of duration for the Limited Liability Company shall be: perpetual.

ARTICLE IV - Management:

The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) are:

Georgina Santiago

999 S. Bayshore Drive, Tower 1
No. 705
Miami, FL 33131

Tomas Diego

999 S. Bayshore Drive, Tower 1
No. 705
Miami, FL 33131

Roberto Toboas

999 S. Bayshore Drive, Tower 1
No. 705
Miami, FL 33131

David A. Kobrin
8900 SW 107th Ave. # 206
Miami, FL 33176
(305) 596-0124
FBN. 226459

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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IN WITNESS WHEREOF, the undersigned has hereunto set his hand and seal on this 6th day of May, 1996.

DAVID A. KOBRIN
DAVID A. KOBRIN

STATE OF FLORIDA)
 ss.
COUNTY OF DADE)

May The foregoing instrument was acknowledged before me this 6th day of ~~October, 1995~~ 1996 by DAVID A. KOBRIN, personally known to me and who did take an oath.

NOTARY PUBLIC,
State of Florida.

My Commission Expires:

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

OFFICIAL NOTARY SEAL
MARILYN MARTINEZ
NOTARY PUBLIC STATE OF FLORIDA
COMMISSION NO. 0041798
MY COMMISSION EXPIRES OCT. 30, 1999

PURSUANT TO THE PROVISIONS OF SECTION 602.415 or 6081.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: GABLES ARCHITECTURAL PARTNERSHIP, Limited Company.
2. The name and address of the registered agent and office:

David A. Kobrin, P.A.
8900 S.W. 107th Avenue, No. 207
Miami, FL 33176

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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.

D. A. Kobrin
(Signature)

5/16/96
(Date)

Prepared by:

DAVID A. KOBKIN, P.A.
Florida Bar No. 226459
8900 S.W. 107th Ave., No. 206
Miami, FL 33176
(305) 596-0124

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TALLAHASSEE, FLORIDA

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AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

The undersigned member or authorized representative of a member of _____
GABLES ARCHITECTURAL PARTNERSHIP, LIMITED COMPANY deposes and says:

- 1) the above named limited liability company has at least two members ✓
- 2) the total amount of cash contributed by the member(s) is \$ 41000
- 3) if any, the agreed value of property other than cash contributed by member(s) is
\$ 0. A description of the property is attached and made a part hereof.
- 4) the total amount of cash or property anticipated to be contributed by member(s) is
\$ 41000. This total includes amounts from 2 and 3 above.



Georgina D. Santiago.

*Signature of a member or authorized representative of a member,
(in compliance with section 605.401(2), Florida Statutes, the secretary of this office
accepts this affirmation under the penalties of perjury that the facts stated herein are true.)*

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TALLAHASSEE, FLORIDA

FILING FEE: \$ 350 for Articles of Organization and Affidavit

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