

1201 HAYS STREET  
MIAMI, FL 33126  
800-344-8084  
L96000000651



PRENDER HALL  
LEGAL & FINANCIAL SERVICES ACCOUNT NO. : 072100000032

REFERENCE : 983170 10316A

AUTHORIZATION :

COST LIMIT : \$

100001872211  
-06/24/96--01010--011  
\*\*\*\*337.50 \*\*\*\*337.50

ORDER DATE : June 11, 1996

ORDER TIME : 11:15 AM

ORDER NO. : 983170

CUSTOMER NO: 10316A

CUSTOMER: Olga Molina, Legal Assistant  
SIDNEY BRODIE, ESQ

Penthouse 1  
7270 N.w. 12th Street  
Miami, FL 33126

FILED  
SECRETARY OF STATE  
CORPORATIONS  
96 JUN 12 AM 10:15

DOMESTIC FILING

NAME: GOLDEN GATE DEVELOPERS, L.C.

285.00 FF.  
52.50 CC.  
337.50

EFFECTIVE DATE:

X ARTICLES OF INCORPORATION  
CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

X CERTIFIED COPY  
PLAIN STAMPED COPY  
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: GLS

EXAMINER'S INITIALS:

502.672  
W96-12459

RECEIVED  
96 JUN 11 PM 12:09  
DIVISION OF CORPORATION



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

96 JUN 12 AM 10:15

June 12, 1996

CSC NETWORKS  
1201 HAYS STREET  
TALLAHASSEE, FL 32301

SUBJECT: GOLDEN GATE DEVELOPERS, L.C.  
Ref. Number: W96000012459

We have received your document for GOLDEN GATE DEVELOPERS, L.C. and check(s) totaling \$337.50. However, your check(s) and document are being returned for the following:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of an entity name **DOES NOT** constitute a difference. Please select a new name and make the substitution in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

When the document is resubmitted, please return a copy of this letter to ensure that your document is properly handled.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

If you have any questions concerning the filing of your document, please call (904) 487-6973.

Claretha Golden  
Document Specialist

Letter Number: 196A00029197

63 JUN 17 11 09 31  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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

FILED  
SECRETARY OF STATE  
CORPORATION DIVISION  
96 JUN 12 2:10:15

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

GOLDEN GATE HOMES, L.C.

**ARTICLE II - Address:**

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

7270 NW 12th Street, Ph-I, Miami, Florida 33126

**ARTICLE III - Duration:**

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

**ARTICLE IV - Management:**

*(check and complete the appropriate statement)*

☐ The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

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

Gerardo Capo	7270 NW 12th Street, Ph-I, Miami, Florida 33126	
Julio C. Capo	"	"
Sidney Z. Brodie	"	"

**ARTICLE V - Admission of Additional Members:**

The right, if given, of the remaining members to admit additional members and the terms and conditions of the admissions shall be:

1. Unanimous consent of all remaining members.
2. Any newly admitted member will be required to make a capital contribution in an amount to be decided by the then remaining members.

**ARTICLE VI - Members Rights to Continue Business:**

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be:

The remaining members will have the unlimited right to continue the business in all eventualities.

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

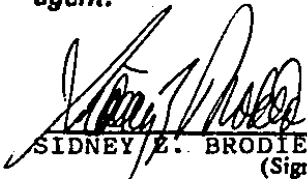
1. The name of the limited liability company is: \_\_\_\_\_  
GOLDEN GATE HOMES, L.C.

2. The name and address of the registered agent and office is:

SIDNEY Z. BRODIE, ESQ.  
\_\_\_\_\_  
(Name)  
7270 NW 12th Street, Ph-I  
\_\_\_\_\_  
(P.O. Box not acceptable)  
Miami, Florida 33126  
\_\_\_\_\_  
(City/State/Zip)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
96 JUN 12 AM 10:15

*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.*

  
SIDNEY Z. BRODIE, ESQ./INCORPORATOR  
(Signature)


June 5, 1996  
\_\_\_\_\_  
(Date)

**FILING FEE: \$ 35 for Designation of Registered Agent**

## AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

The undersigned member or authorized representative of a member of \_\_\_\_\_  
GOLDEN GATE HOMES, L.C. 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 \$ 3,000.00 .
- 3) if any, the agreed value of property other than cash contributed by member(s) is  
\$ n/a . A description of the property is attached and made a part hereto.
- 4) the total amount of cash or property anticipated to be contributed by member(s) is  
\$ 3,000.00 . This total includes amounts from 2 and 3 above.

  
Signature of a member or authorized representative of a member.  
(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit  
constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)  
SIDNEY Z. BRODIE

*Law Offices of  
Sidney Z. Brodie*

160 SOUTH PINE ISLAND ROAD  
SUITE 105 B  
PLANTATION, FLORIDA 33324  
TELEPHONE (305) 472-1000  
TELECOMMER (305) 472-3300  
F. MAIL BRODIE@CONNECT.NET

SIDNEY Z. BRODIE  
LEE D. GLASSMAN

\* ALIEN September 14, 1996

100001956051  
-09/25/96--01030--008  
\*\*\*\*\*15.00 \*\*\*\*\*15.00

AIRPORT EXECUTIVE TOWER #  
PENTHOUSE I  
7870 N.W. 12TH STREET  
MIAMI, FLORIDA 33126  
TELEPHONE (305) 477-1166  
TELECOMMER (305) 477-3800  
F. MAIL BRODIE@CONNECT.NET  
PLEASE REPLY TO:

**L960000000651**

FLORIDA DEPARTMENT OF STATE  
Division of Corporation  
Attn: Amendment Section  
Carol Mustain, Corporate Specialist  
409 East Gaines Street  
Tallahassee, Florida 32399

100001956051  
-09/25/96--01030--002  
\*\*\*\*\*15.00 \*\*\*\*\*15.00

100001956051  
-09/25/96--01030--003  
\*\*\*\*\*15.00 \*\*\*\*\*15.00

**RE: Golden Gate Homes, L.C.  
REF NO. L96000000651**

Dear Ms. Mustain:

Enclosed herewith please find the original revised Certificate of Amendment to Articles of  
Organization of Golden Gate Homes, L.C.

100001956051  
-09/25/96--01030--004  
\*\*\*\*\*15.00 \*\*\*\*\*15.00

For your convenience, I am enclosing a self stamped envelope in order that you may return a certified  
copy to our office forthwith.

100001956051  
-09/25/96--01030--005  
\*\*\*\*\*15.00 \*\*\*\*\*15.00

Also enclosed are checks which total the amount of the filing fee.

Thanking you in advance for your anticipated courtesy and cooperation in this matter and should you  
have any question, do not hesitate to contact me at your convenience.

100001956051  
-09/25/96--01030--006  
\*\*\*\*\*15.00 \*\*\*\*\*15.00

Sincerely,

*O. Molina*  
Olga Molina  
Legal Assistant

com  
encls. (as noted)

RECEIVED  
96 SEP 18 PM 3:45  
DIVISION OF CORPORATIONS  
100001956051  
-09/25/96--01030--007  
\*\*\*\*\*15.00 \*\*\*\*\*15.00



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

September 10, 1996

SIDNEY BRODIE  
7270 N.W. 12TH STREET  
MIAMI, FL 33126

SUBJECT: GOLDEN GATE HOMES, L.C.  
Ref. Number: L96000000651

This will acknowledge receipt of your correspondence which is being returned for the following reason(s):

The name and capacity of the person signing the document must be noted beneath or opposite the signature.

If you have any questions concerning the filing of your document, please call (904) 487-6916.

Carol Mustain  
Corporate Specialist

Letter Number: 796A00042132

RECEIVED  
SEP 19 1996  
FLORIDA DEPARTMENT OF STATE



**CERTIFICATE OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION OF  
  
GOLDEN GATE HOMES, L.C.  
  
(A Florida Limited Liability Company)**

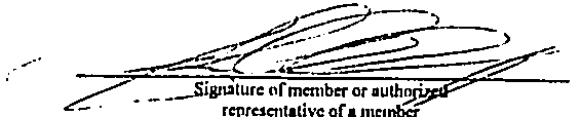
- FIRST:** The date of filing of the articles of organization was June 12th, 1996.
- SECOND:** The following amendment to the articles of organization was adopted by the limited liability company:

The Limited Liability Company is to be managed by the members and the names and addresses of the managing members are:

NIEVES PUPPIO  
GERARDO CAPO  
JULIO C. CAPO

7270 NW 12th Street, PH-I, Miami, Florida 33126  
7674 West 34th Lane #103, Hialeah, Florida 33016  
1260 NW 72nd Avenue, Miami, Florida 33127

**Dated:** September 13, 1996

  
Signature of member or authorized  
representative of a member

Julio C. Capo, Manager

# L 96 000000 651

9-27-96  
1786

9/4/96 PHONE

Form **SS-4**  
(Rev. April 1991)  
Department of the Treasury  
Internal Revenue Service

## Application for Employer Identification Number

(For use by employers and others. Please read the attached instructions before completing this form.)

EIN **65-0690442**

OMB No. 1545-0003  
Expires 4-30-94

Please type or print clearly.	1 Name of applicant (True legal name) (See instructions.) <b>GOLDEN GLE HOMES</b>		3 Executor, trustee, "care of" name <b>SAME</b>
	2 Trade name of business, if different from name in line 1		5a Address of business (See instructions.)
	4a Mailing address (street address) (room, apt., or suite no.) <b>7230 NW 12th St - 1</b>		5b City, state, and ZIP code
	4b City, state, and ZIP code <b>MIAMI FL 33126</b>		
	5 County and state where principal business is located <b>DADE FLORIDA</b>		
7 Name of principal officer, grantor, or general partner (See instructions) ▶ <b>HERMANN ZINGG</b>			
8a Type of entity (Check only one box.) (See instructions.)			
<input type="checkbox"/> Individual SSN <input type="checkbox"/> Estate <input type="checkbox"/> Trust <input type="checkbox"/> REMIC <input type="checkbox"/> Plan administrator SSN <input type="checkbox"/> Partnership <input type="checkbox"/> State/local government <input type="checkbox"/> Personal service corp <input type="checkbox"/> Other corporation (specify) <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> National guard <input type="checkbox"/> Federal government/military <input type="checkbox"/> Church or church controlled organization <input type="checkbox"/> Other nonprofit organization (specify) <input type="checkbox"/> If nonprofit organization enter GEN (if applicable) <input checked="" type="checkbox"/> Other (specify) ▶ <b>LIMITED CORPORATION</b>			
8b If a corporation, give name of foreign country (if applicable) or state in the U.S. where incorporated ▶		Foreign country	State
9 Reason for applying (Check only one box.)			
<input checked="" type="checkbox"/> Started new business <input type="checkbox"/> Changed type of organization (specify) ▶ <input type="checkbox"/> Hired employees <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a pension plan (specify type) ▶ <input type="checkbox"/> Created a trust (specify) ▶ <input type="checkbox"/> Banking purpose (specify) ▶ <input type="checkbox"/> Other (specify) ▶			
10 Date business started or acquired (Mo., day, year) (See instructions.) <b>JUNE 96</b>		11 Enter closing month of accounting year (See instructions.) <b>DECEMBER</b>	
12 First date wages or annuities were paid or will be paid (Mo., day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien (Mo., day, year) ▶ <b>N/A</b>			
13 Enter highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "0"		Nonegricultural	Agricultural Household
14 Principal activity (See instructions) ▶ <b>LAND DEVELOPER</b>		<input checked="" type="radio"/>	<input type="radio"/>
15 Is the principal business activity manufacturing? If "Yes," principal product and raw material used ▶			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
16 To whom are most of the products or services sold? Please check the appropriate box.			
<input checked="" type="checkbox"/> Public (retail) <input type="checkbox"/> Other (specify) ▶ <input type="checkbox"/> Business (wholesale) <input type="checkbox"/> N/A			
17a Has the applicant ever applied for an identification number for this or any other business? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Note: If "Yes," please complete lines 17b and 17c.			
17b If you checked the "Yes" box in line 17a, give applicant's true name and trade name, if different than name shown on prior application.			
True name ▶ <b>HERMANN ZINGG</b>		Trade name ▶ <b>ZINGG DEVELOPMENT L.C.</b>	
17c Enter approximate date, city, and state where the application was filed and the previous employer identification number if known.			
Approximate date when filed (Mo., day, year) <b>12/11/94</b>		City and state where filed <b>MIAMI, FLORIDA</b>	Previous EIN <b>6510548739</b>
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.			
Name and title (Please type or print clearly.) ▶ <b>HERMANN ZINGG PRESIDENT</b>			
Signature ▶ <i>[Signature]</i>		Date ▶ <b>9/4/96</b>	

Note: Do not write below this line. For official use only.

Please leave blank ▶	Geo.	Ind.	Class	Size	Reason for applying
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