

L 99000006565

*State Beach*

Requestor's Name  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
City/State/Zip Phone #  
\_\_\_\_\_

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Glacier Gardens LLC  
(Corporation Name) (Document #)  
2. \_\_\_\_\_  
(Corporation Name) (Document #)  
3. \_\_\_\_\_  
(Corporation Name) (Document #)  
4. \_\_\_\_\_  
(Corporation Name) (Document #)

99 OCT 11 PM 1:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED  
10/11

- ☒ Walk in ☐ Pick up time \_\_\_\_\_ ☒ Certified Copy  
☐ Mail out ☐ Will wait ☐ Photocopy ☒ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

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-10/11/99--01082--018  
\*\*\*\*155.00 \*\*\*\*155.00

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

3 pgs

Examiner's Initials

**GLACIER GARDENS LLC**

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

**ARTICLE I  
Name**

The name of the Limited Liability Company is GLACIER GARDENS LLC

**ARTICLE II  
Address**

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

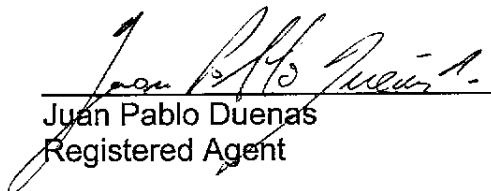
8880 N.W. 24 Terrace  
Miami, Florida 33172

**ARTICLE III  
Registered Agent, Registered Office, and Registered Agent's Signature**

The name and the Florida street address of the registered agent are:

JUAN PABLO DUENAS  
8880 N.W. 24 Terrace  
Miami, Florida 33172

*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 as provided for in Chapter 608, Florida Statutes.*

  
\_\_\_\_\_  
Juan Pablo Duenas  
Registered Agent


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**ARTICLE IV  
Management**

(Check box if applicable)

☒ The limited liability company is to be managed by one manager or more managers and is, therefore, a manager-managed company.

Date: 10/7/99

  
Signature of a member or authorized representative  
of a member of the Limited Liability Company

*(In accordance with section 608.408(3), F.S., the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)*

Juan Pablo Duenas  
Typed or Printed Name of a member or authorized  
representative of a member of the Limited Liability  
Company

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