11/01/2011 10:11 FAX 3026745266 Division of Corporations

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(((H11000259990 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

: NRAI SERVICES, LLC Account Name

Account Number : I20080000104 Phone : (302)674-4089

Fax Number : (302)674-5266

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

Email Address: sserna@crescentheights.com

FLORIDA LIMITED LIABILITY CO. SMA HOLDINGS, LLC SMA COICL Way Holdings

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C. LEWIS

NON

EXAMINER

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November 1, 2011

PLORIDA DEPARTMENT OF STATE
Division of Corporations

NRAI SERVICES, LLC

SMA Cord Way Itoldings, UC

SUBJECT: SMA HOLDINGS, REF: W11000055638

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division s records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The word "Limited" may be abbreviated as "Ltd." and the word "Company" may be abbreviated as "Co." The following suffixes are no longer acceptable: "Limited Company", "L.C.", and "LC".

The document number of the name conflict is L04000068049.

If you have any further questions concerning your document, please call (850) 245-6047.

Carolyn Lewis FAX Aud. #: H11000259990
Regulatory Specialist II Letter Number: 811A00024783
Registration / Qualification Section

P.O BOX 6327 - Tallahassee, Florida 32314

2011 NOV -1 AM 8: 25

STATE Lorida

		SECRETARY OF TALLAHASSEE, I
ARTICLES OF O	RGANIZATIO	N FOR FLORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Num The name of the Lin	• •	ompany is:
	lay Holdings,	
(Must	end with the words"	Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE U - Add The mailing address		ss of the principal office of the Limited Liability Company is:
Principal Office Ad	dress:	Mailing Address:
2200 Biscayne Boule Miami, FL 33137	vard	2200 Biscayne Boulevard Miami, FL 33137
(The Limited Liability Com- business entity with an acti	pany cannot serve as ve Florida registration	Registered Office, & Registered Agent's Signature: in own Registered Agent. You must designate an Individual or another n.) ess of the registered agent are:
	Sharon Christe	. •
	maion Cimsu	Name
. 2	200 Bisca	yne Boulevard
_		da street address (P.O. Box NOT acceptable)
M	ìami	_{PL} 33137
-		City, State, and Zip
liability company	at the place desig	ent and to accept service of process for the above stated limited gnated 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, F.S..

(CONTINUED)

's Signature (REQUIRED)

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ARTICLE IV- Manager(s) or Managing Member(s):		SECRETARY OF STA
The name and address of	each Manager or Managing Member is as follows:	SECRETARY OF STA
<u>Title:</u> "MGR" = Manager	Name and Address:	
"MGRM" = Managing Me	embor	
MGRM	Sonny Kahn	•
	2200 BISCAYNE BOULEVARD	
	MIAMI, FL 33137	
MGRM	Russell Galbut	
	2200 Biscayne Boulevard	· · · · · · · · · · · · · · · · · · ·
	Mierni, FL 33137	
•	Ministration of the second of	
MGRM	Bruce Menin	
	590 Medison Avenue, 25th Floor	
	New York, NY 10022	
		
MGR YY	Andrew Mirmelli	
	2200 Blacayne Boulevard	
	Miami, FL 33137	
(Use attachment if necessa CLE V: Effective date, if oth effective date is listed, the date to days after the date of film	ner than the date of filing: ate must be specific and cannot be more than five b	(OPTIONAL) pusiness days prior
REQUIRED SIGNATUR	·	
Signature	of a member or an authorized representative of a member	.
918ma (ff.1.6	or a member of an additionized representative of a member	·
constitutes an affirm	n section 608.408(3), Florida Statutes, the execution of this do mation under the penalties of perjury that the facts stated herei y false information submitted in a document to the Department	n are true.
constitutes a third of	legree felony as provided for in 3.817.155, F.S.)	

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

. . .

Page 2 of 2

Sharon Christenbury, Authorized Representative

Typed or printed name of signee