

L13000174846

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

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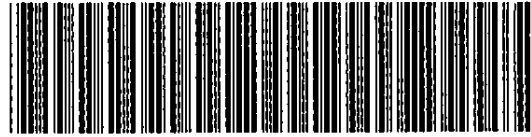
(Business Entity Name)

(Document Number)

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DEPARTMENT OF STATE
13 DEC 18 AM 4:35

2013 DEC 18 AM 4:01
SECRETARY OF STATE
FALLS CHURCH, VA

CORP DIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-23

CONTACT: Kim Weidenbach

DATE: 12/18/13

REF. #: 8995476

CORP. NAME: 145 LEUCADENDRA LLC

- | | | |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input type="checkbox"/> OTHER: | | |

STATE FEES PREPAID WITH CHECK# 70011751 **FOR \$** 160.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ **COST LIMIT: \$** _____

PLEASE RETURN:

- | | | |
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| <input checked="" type="checkbox"/> CERTIFIED COPY | <input checked="" type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

2013 DEC 18 AM 9:01
SECRETARY OF STATE
TALLAHASSEE, FL 32301

ARTICLES OF ORGANIZATION

OF

145 LEUCADENDRA LLC

The undersigned Member or Authorized Representative of a Member signs these Articles of Organization and forms a limited liability company (the "**Company**") under the Florida Limited Liability Company Act (the "**Act**"), as follows:

NAME

The name of the Company is: 145 Leucadendra LLC.

MAILING ADDRESS AND STREET ADDRESS

The mailing address and street address of the principal office of the Company is: Attn: Michael A. Silva, Esq., DLA Piper LLP (US), 200 South Biscayne Blvd., Suite 2500, Miami, Florida 33131.

NAME AND ADDRESS OF MANAGER

The name and address of the sole Manager of the Company is International Real Property Holdings Ltd., c/o J.P. Morgan Trust Company (Bahamas) Limited, 2nd Floor, Bahamas Financial Centre, Shirley and Charlotte Streets, P.O. Box N-4899, Island of New Providence, Commonwealth of The Bahamas.

EXISTENCE

The Company's existence will commence upon filing.

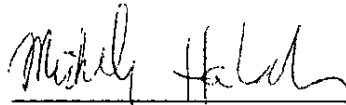
INITIAL REGISTERED OFFICE AND AGENT

The name and street address of the initial registered agent and office of the Company are: NRAI Services, Inc., 1200 South Pine Island Road, Plantation, FL 33324.

/s/ Michael A. Silva, Esq.
Michael A. Silva, Esq.
Authorized Representative of Member

ACCEPTANCE BY REGISTERED AGENT

I accept the appointment as Registered Agent of the Company to accept service of process on its behalf at the place designated in these Articles of Organization. I am familiar with, and accept, the obligations of my position as registered agent as provided for in the Act.



Michele Holden, Asst Sect

NRAI Services, Inc.
1200 South Pine Island Road
Plantation, FL 33324

Dated: December 17, 2013

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