

L13000174846

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

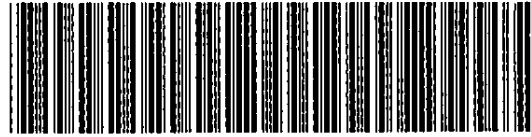
(Business Entity Name)

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DEPARTMENT OF STATE  
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2013 DEC 18 AM 10:01  
SECRETARY OF STATE  
FALLS CHURCH, VA

FILED

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 32309

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**ARTICLES OF ORGANIZATION**  
**OF**  
**145 LEUCADENDRA LLC**

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2013 DEC 18 AM 10:01  
SECRETARY OF STATE  
STATE OF FLORIDA

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.

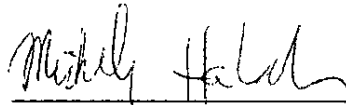
**INITIAL REGISTERED OFFICE AND AGENT**

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

2013 DEC 18 AM 8:01  
SECRETARY OF STATE  
TALLAHASSEE, FL 32399