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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : MELAND RUSSIN & BUDWICK, P.A.
Account Number : I20040000113
Phone : (305) 358-6363
Fax Number : (305) 358-1221

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

Email Address: Cramos @ melandruussin. com

FLORIDA LIMITED LIABILITY CO.
1061 NORTH VENETIAN LLC

Certificate of Status	0
Certified Copy	0
Page Count	5
Estimated Charge	\$125.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2014 JUN -6 AM 10:04

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14 JUN -6 PM 1:46
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TALLAHASSEE, FLORIDA

JUN 09 2014

J. BRUCE



June 6, 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations

MELAND RUSSIN & BUDWICK, P.A.

SUBJECT: 1061 NORTH VENETIAN LLC
REF: W14000035226

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

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce
Regulatory Specialist II

FAX Aud. #: H14000131543
Letter Number: 414A00012212

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 1061 NORTH VENETIAN LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Carmen Ramos
Name of Person

Meland Russin & Budwick, P.A.
Firm/Company

200 S. Biscayne Blvd., Suite 3200
Address

Miami, FL 33131
City/State and Zip Code

cramos@melandrussin.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carmen Ramos at (305) 358-6363
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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 TALLAHASSEE, FLORIDA
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

1061 NORTH VENETIAN LLC
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

3681 Flamingo Drive
Miami Beach, FL 33140

3681 Flamingo Drive
Miami Beach, FL 33140

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

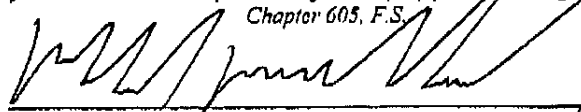
The name and the Florida street address of the registered agent are:

Meland Russin & Budwick, P.A.
Name

200 S. Biscayne Blvd., Ste. 3200
Florida street address (P.O. Box **NOT** acceptable)

Miami City FL 33131 Zip

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 605, F.S.


Registered Agent's Signature (REQUIRED)

(CONTINUED)

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SECRETARY OF STATE

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:
"AMBR" = Authorized Member
"MGR" = Manager
MGR

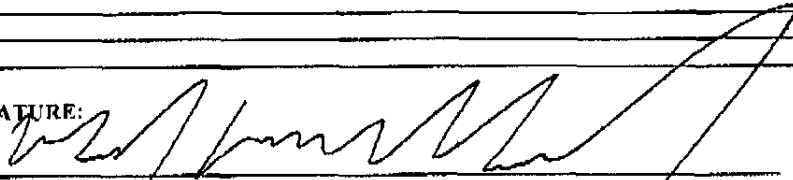
Name and Address:
Todd Glaser
3681 Flamingo Drive
Miami Beach, FL 33140

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.
(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Mark S. Meland

Typed or printed name of signer

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)

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TALLAHASSEE FLORIDA