L150000096065

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : 12	0000000195
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REFERENCE : 650060

COST LIMIT : \$ 125.00

ORDER DATE: May 29, 2015

ORDER TIME : 3:56 PM

ORDER NO. : 650060-005

CUSTOMER NO: 4302440

DOMESTIC FILING

NAME: 5370 HOLDINGS LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP

ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY PLAIN STAMPED COPY

__CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Lydia Cohen - EXT. 62974

EXAMINER'S INITIALS:

A. DUNLAP

WUN - 8 2015

400254351124



FLORIDA DEPARTMENT OF STATE SUBN

Please give original brission date as file date.

June 1, 2015

CORPORATION SERVICE COMPANY E-FILE

SUBJECT: 5370 HOLDINGS LLC Ref. Number: W15000038320

We have received your document for 5370 HOLDINGS LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please provide us with the zip code through out the document.,

Please return the corrected original and one copy of 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) 245-6052.

Sylvia Gilbert Regulatory Specialist II New Filing Section

Letter Number: 015A00011389

DERAR THENT OF STATE

COVER LETTER

TO:	Registration Division of C				
SUBJEC		ldings LLC			
30 D3 E4		Name of	Limited Liabil	ity Company	
The encl	osed Articles	of Organization and fee(s) are submitted	for filing.	
Please re	turn all corres	pondence concerning this	matter to the	following:	
	Michael Z	ukerman			
			Name of	Person	
	Warshaw I	Burstein LLP			
			Firm/Co	mpany	
	555 Fifth A	Ave., 11th Floor			
			Addr	ess	
	New York,	NY 10017			
	mzukerman	@wbcsk.com	City/State an	d Zip Code	<u> </u>
		F-mail address: (to be us	sed for future a	nnual report notification	on)
For further	information c	oncerning this matter, ple	easc call:		
	Mike Zuker	man at (212	984-7836	
	Naı	me of Person	Area Code	Daytime Telephone	: Number
Enclosed	is a check for	the following amount:			
	Filing Fec	\$130.00 Filing Fee & Certificate of Status	Certific	0 Filing Fee & ed Copy at Copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Regis Divis P.O. I	ng Address tration Section ion of Corporations Box 6327 hassee, FL 32314		Street Address Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	· Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	E I - Name: e of the Limited Liabil	ity Company is:			
	5370 Holdings LLC				
			d Liability Cor	npany, "L.L.C.," or "LLC.")	
	E II - Address: ing address and street:	address of the principal	office of the Li	mited Liability Company is:	
	<u>Princi</u>	oal Office Address:		Mailing Ad	ldress:
	c/o Roger Rosen 3900 N. Ocean Dr.	4E, Ft. Lauderdale, FL	33308	c/o Roger Rosen 3900 N. Ocean Dr. 4E, Ft.	Lauderdale, FL 33308
(The Lim	ited Liability Compan	gent, Registered Office y cannot serve as its ow active Florida registrati	n Registered A	Agent's Signature: gent. You must designate an	individual or
The name	and the Florida street	address of the registere	d agent are:		
		Corporation Service	Company		
			Name		
		1201 Hays Street			
		Florida street addre	ss (P.O. Box N	OT acceptable)	
		Tallahassec	Florida	32301	
		City	State	Zip	
lace desig urther agre	nated in this certificate se to comply with the p	e, I hereby accept the approvisions of all statutes in biligations of my position Corporation Set	pointment as repelating to the place as registered a rvice Compa	ignature (REQUIRט,	ct in this capacity. I ance of my duties, and I
			Down 1 of	2	

Title: "AMBR" = Authorized Membe "MGR" = Manager	Name and Address:
AMBR	5370 International Drive Associates LP
	c/o Roger Rosen
	3900 N. Ocean Dr., 4E, Ft Lauderdale, FL 33308
	77 - 17 - 17 - 17 - 17 - 17 - 17 - 17 -
EV: Effective date, if other than	the date of filing: (OPTIONAL) st be specific and cannot be more than five business days prior to or 90 da
EV: Effective date, if other than ective date is listed, the date must filling.)	st be specific and cannot be more than five business days prior to or 90 dates not meet the applicable statutory filing requirements, this date will not be
EV: Effective date, if other than ective date is listed, the date must of filing.) the date inserted in this block diment's effective date on the Dep	st be specific and cannot be more than five business days prior to or 90 dates not meet the applicable statutory filing requirements, this date will not be
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E V: Effective date, if other than ective date is listed, the date must filing.) the date inserted in this block diment's effective date on the Dep E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature (In accordance view date, if other provisions)	est be specific and cannot be more than five business days prior to or 90 days est not meet the applicable statutory filing requirements, this date will not be artment of State's records. Of a member or an authorized representative of a member. With section 605.0203 (1) (b), Florida Statutes, the execution of this document
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E V: Effective date, if other than ective date is listed, the date must of filing.) the date inserted in this block diment's effective date on the Dep E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature (In accordance constitutes an af I am aware that	est be specific and cannot be more than five business days prior to or 90 days est not meet the applicable statutory filing requirements, this date will not be artment of State's records. Of a member or an authorized representative of a member. With section 605.0203 (1) (b), Florida Statutes, the execution of this document
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E V: Effective date, if other than extive date is listed, the date must filing.) the date inserted in this block diment's effective date on the Dep E VI: Other provisions, if any. REOURED SIGNATURE: Signature (In accordance constitutes an af I am aware that	of a member or an authorized representative of a member. with section 605.0203 (1) (b), Florida Statutes, the execution of this document irrnation under the penalties of perjury that the facts stated herein are true. uny false information submitted in a document to the Department of State