

08/17/2015 14:26 Beloff Parker Jacobs

(FAX) 305 673 5505

P.001/004

Division of Corporations

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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) 617-6381

From:

Account Name : BELOFF, PARKER, JACOBS, PLC.
Account Number : I20080000060
Phone : (305) 673-1101
Fax Number : (305) 673-5505

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

Email Address: SHERRY@BELOFFLAW.COM

**FLORIDA LIMITED LIABILITY CO.
100 COLLINS PH4, LLC**

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$160.00

AUG 18 2015

S. GILBERT

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15 AUG 17 AM 7:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION
FOR
100 COLLINS PH4, LLC
a Florida limited liability company**

The undersigned, desiring to form a limited liability company for the purposes set forth herein and in conformance with the Florida Limited Liability Company Act, does hereby establish the following:

ARTICLE I- NAME:

The name of the limited liability company is: 100 COLLINS PH4, LLC

ARTICLE II- ADDRESS:

The address of its principal place of business, as well as the mailing address for this limited liability company is: 157 Collins Avenue, Miami Beach, Florida 33139

ARTICLES III- REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT'S SIGNATURE

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

MYLES CHEFETZ, 157 Collins Avenue, Miami Beach, Florida 33139

Having been named as registered agent and to accept service of process for the above state 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.



MYLES CHEFETZ, Registered Agent

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ARTICLE IV

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

TITLE:

NAME AND ADDRESS:

Member

MYLES CHEFETZ,
157 Collins Avenue,
Miami Beach, Florida 33139

ARTICLE -V - Effective Date, if other than the date of filing: _____(Optional)

ARTICLE- VI- Other provisions, if any.

REQUIRED SIGNATURE:



MYLES CHEFETZ, Authorized Member

(In accordance with Section 605.0203 (1)(b), Florida Statute, 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 §817.155, F.S.)

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COVER LETTER

**TO: REGISTRATION SECTION
DIVISION OF CORPORATION**

SUBJECT: NEW FILING

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

Please return all correspondence concerning this matter to the following:

**Jonathan D. Beloff, Esq.
1691 Michigan Avenue
Suite 360
Miami Beach, Florida 33139
Telephone: 305-673-1101**

Email Address: sherry@belofflaw.com

**\$160.00 Filing Fee
Certificate Status & Certified Copy**

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