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FAX AUDIT NO.: H16000189543 3

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850)617-6381

From: Account Name : MICHAEL J. FREEMAN, P.A.  
Account Number : 072720000142  
Phone : (305)442-1567  
Fax Number : (305)442-1227

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FLORIDA LIMITED LIABILITY CO.  
CHATEAU OCEAN 506 LLC

Certificate of Status	1
Certified Copy	1
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Estimated Charge	\$160.00

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I – Name:**

The name of the Limited Liability Company is:

CHATEAU OCEAN 506 LLC

**ARTICLE II – Address:**

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

**Principal Office Address:**

153 Sevilla Avenue  
Coral Gables, FL 33134

**Mailing Address:**

P.O. Box 140668  
Coral Gables, FL 33114-0668

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TALLAHASSEE, FLORIDA

**ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature:**

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

M. J. F. Registered Agent Corp.  
Name

153 Sevilla Avenue  
Florida Street Address (No P.O. Box)

Coral Gables, FL 33134  
City, State, and Zipcode

*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..*

*Michael J. Freeman Pres*  
Registered Agent's Signature  
(Michael J. Freeman, President)

**ARTICLE IV-- Manager(s) or Managing Member(s):**

The name and address of each Manager or Authorized Member is as follows:

**Title:**

"AMBR" = Authorized Member  
"MGR" = Manager

**Name and Address:**

MGR

Michael J. Freeman  
P.O. Box 140668  
Coral Gables, FL 33114-0668

**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.)

Michael J. Freeman, Manager

Type or print name of signee

**Filing Fees:**

- \$125.00 Filing Fee for Articles of Organization & Designation of Registered Agent
- \$30.00 Certified Copy (Optional)
- \$5.00 Certificate of Status (Optional)

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