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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : CORP USA Account Number: 072450003255 : (305) 634-3694 Phone : (305)633-9696 Fax Number

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

Email Address:

FLORIDA LIMITED LIABILITY CO. 1606 SOFI CB, LLC

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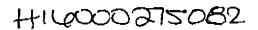
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T. SCOTT

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Corporate Filing Menu

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COVER LETTER

TO:	Registration Section Division of Corporations
SURJE	1606 SOFI CB, LLC
Subst	Name of Limited Liability Company
The end	closed Articles of Organization and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	GRYSKA SOTOLONGO
	Name of Person
	THOMAS G. SHERMAN, P.A.
	Picm/Company
	90 ALMERIA AVENUE
	Address
	CORAL GABLES, FL 33134
	City/State and Zip Code GRYSKA@UNIONTITLESERVICES.COM
	E-mail address; (to be used for flature annual report notification)
For furthe	er information concerning this matter, please call:
	GRYSKA SOTOLONGO 305 448-5898
	Name of Person Area Code Daytime Telephone Number
Enclosed	is a check for the following amount:
\$125.00	Filing Fee \$130.00 Filing Fee & \$155,00 Filing Fee & \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
	Mulling AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTullahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		•
1606 SOFI CB, LLC (Must end with the words "Limited	Liability Con	spany, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal o	ffice of the Lir	nited Liability Company is:
Principal Office Address:		Mailing Address:
100 S. POINTE DRIVE		100 S. POINTE DRIVE
UNIT # 1606 MIAMI BEACH, FL 33139		<u>LINIT # 1606</u> MIAMI BEACH. FL 33139
The name and the Florida street address of the registered THOMAS G. SHERM	MAN, P.A. Name	
90 ALMERIA AVEN Florida street address		Taccentable)
_		
Coral Gables City	FL State	33134 Zip
daving been named as registered agent and to accept service place designated in this certificate, I hereby accept the appoint the representation of all statutes result from the provisions of all statutes results and accept the obligations of my position and the province of the province	eintment as reg lating to the pr is registered ag	istered agent and agree to act in this capacity. I oper and complete performance of my duties, and I sent as provided for in Chapter 605, F.S gnature (REQUIRED)

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15 NOV -7 13 2: 11

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	THOMAS G. SHERMAN
MGR	90 ALMERIA AVENUE
	CORAL GABLES, FL 33134
fective date is listed, the date must be up	z of filing: (OPTIONAL) sectific and cannot be more than five business days prior to or 90 fi
LEV: Effective date, if other than the date fective date is listed, the date must be sp of filing.)	sectific and cannot be more than five business days prior to or 90 d meet the applicable statutory filing requirements, this date will not b
LE V: Effective date, if other than the date fective date is listed, the date must be sp of filing.) f the date inserted in this block does not a	sectific and cannot be more than five business days prior to or 90 d meet the applicable statutory filing requirements, this date will not b
LEV: Effective date, if other than the date receive date is listed, the date must be sp of filing.) f the date inserted in this block does not a ment's effective date on the Department	sectific and cannot be more than five business days prior to or 90 d meet the applicable statutory filing requirements, this date will not b
LE V: Effective date, if other than the date fective date is listed, the date must be sp of filing.) f the date inserted in this block does not a ment's effective date on the Department LE VI: Other provisions, if any. REOURED SIGNATURE:	necific and cannot be more than five business days prior to or 90 dimeet the applicable statutory filing requirements, this date will not be of State's records.
LE V: Effective date, if other than the date fective date is listed, the date must be sportfiling.) If the date inserted in this block does not amount's effective date on the Department LE VI: Other provisions, if any. REOURED SIGNATURE: Signature of alther This document is except am aware that any false.	necific and cannot be more than five business days prior to or 90 dimeet the applicable statutory filing requirements, this date will not be of State's records.
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LEV: Effective date, if other than the date fective date is listed, the date must be sporting.) If the date inserted in this block does not a ment's effective date on the Department LEVI: Other provisions, if any. REOURED SIGNATURE: Signature of a the This document is except I am aware that any false constitutes a third degree.	meet the applicable statutory filing requirements, this date will not be of State's records. The property of a member of a me

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