

L17000220608

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

13155

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H17000277342 3)))



H170002773423A8C0

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850) 617-6381

From:

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

*Re-entries  
Correction*

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

Email Address: \_\_\_\_\_

RECEIVED

17 OCT 24 PM 4:24

BUREAU OF COMMERCIAL  
INFORMATION SERVICES

**FLORIDA LIMITED LIABILITY CO.  
1208/14 NE 1AVE, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

2017 OCT 24 AM 10:46

2017 OCT 24 AM 10:46



October 23, 2017

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

CORP USA

SUBJECT: 1208/14 NE 1 AVE, LLC  
REF: W17000084310

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

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

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) 245-6052.

Neysa Culligan  
Regulatory Specialist II

FAX Aud. #: H17000277342  
Letter Number: 117A00021296

2017 OCT 24 AM 10:48

P.O BOX 6327 - Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

1208/14 NE 1 AVE, LLC

(Must contain 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:

One Flagler Building  
14 NE 1st Avenue, Suite 1208  
Miami, FL 33132-2408

Mailing Address:

One Flagler Building  
14 NE 1st Avenue, Suite 1208  
Miami, FL 33132-2408

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:

Gerald Kornreich

Name

One Flagler Building, 14 NE 1st Avenue, Suite 1208

Florida street address (P.O. Box **NOT** acceptable)

<u>Miami</u>	<u>FL</u>	<u>33132-2408</u>
City	State	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.

[Signature]  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

2017 OCT 24 AM 10:46  
ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED  
DATE 10/24/2017 BY 60322 UCBAW

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

**Name and Address:**

Gerald Kornreich

One Flagler Building, 14 NE 1st Avenue, #1208

Miami, FL 33132-2408


(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.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**

  
Signature of a member or an authorized representative of a member

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.  
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.

Gerald Kornreich

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)