1/3/2019

### orida Department of Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

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From:

Account Name : LEGALING CORPORATE SERVICES INC.

Account Number : I20180000011 Phone : (844)386-0178 Fax Number : (214)317-4754

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### FLORIDA LIMITED LIABILITY CO. CARI OFFICE CENTER, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

Electronic Filing Menu Corporate Filing Menu

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### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE I Name

The name of the Limited Liability Company is:

CARI OFFICE CENTER, LLC

## ARTICLE II

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

#### Principal Office Address:

#### Mailing Address:

16375 N.E. 18<sup>th</sup> Ave, Suite 300 North Miami Beach, FL 33162 16375 N.E. 18<sup>th</sup> Ave, Suite 300 North Miami Beach, FL 33162

## ARTICLE III Registered Agent, Registered Office & Registered Agent's Signature

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

Ira R. Shapiro 16375 NE 18<sup>th</sup> Avenue, Suite 225 North Miami Beach, FL 33162

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.

Ira R. Shapiro, Registered Agent

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To: 18506176381 From: 14694451465 Date: 01/03/19 Time: 11:13 AM Page: 03/03

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#### ARTICLE IV Management

The Limited Liability Company is to be managed by one or more managers, and is therefore a manager - managed company.

# ARTICLE V Persons Authorized to Manage and Control

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

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	Ann Gordon 16375 N.E. 18 <sup>th</sup> Ave, Suite 300 North Miami Beach, FL 33162
MGR	Ira Shapiro 16375 N.E. 18 <sup>th</sup> Ave, Suite 225 North Miami Beach, FL 33162
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(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.)

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