

L08000066221

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

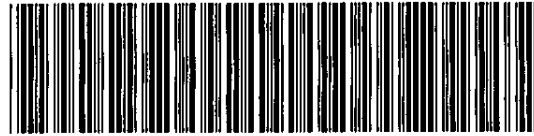
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100132065931

RECEIVED

08 JUL -9 PM 4:13

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED

08 JUL -9 AM 8:35

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

B. KOHR

JUL 10 2008

EXAMINER



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 641752 4377314

AUTHORIZATION :

[Signature]

COST LIMIT : \$ 190.00

FILED
08 JUL - 9
AM 8:35
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

ORDER DATE : July 9, 2008

ORDER TIME : 2:25 PM

ORDER NO. : 641752-005

CUSTOMER NO: 4377314

DOMESTIC FILING

NAME: 1651 ASTOR LLC

EFFECTIVE DATE:

____ ARTICLES OF INCORPORATION
____ CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX (TWO) CERTIFIED COPY
____ PLAIN STAMPED COPY
XX (ONE) CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Carina L. Dunlap - EXT. 2951

EXAMINER'S INITIALS: _____

ARTICLES OF ORGANIZATION
OF
1651 ASTOR LLC,
A FLORIDA LIMITED LIABILITY COMPANY

FILED
08 JUL - 9 AM 8:35
TALLAHASSEE, FLORIDA

ARTICLE I. NAME.

The name of the Limited Liability Company is: **1651 ASTOR LLC**

ARTICLE II. ADDRESS.

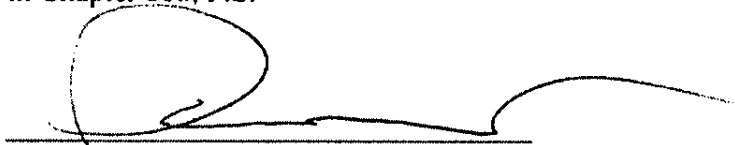
The mailing address and street address of the principal office of the Limited Liability Company is 9155 S. Dadeland Blvd., Suite 1602, Miami, FL 33156.

**ARTICLE III. REGISTERED AGENT,
REGISTERED OFFICE & REGISTERED AGENT'S SIGNATURE.**

The name and Florida street address of the Registered Agent are:

Paul R. Wallace, Esq.
Hinshaw & Culbertson LLP
9155 S. Dadeland Blvd., Suite 1600
Miami, FL 33156

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 608, F.S.



PAUL R. WALLACE, Esq.

ARTICLE IV. MANAGEMENT

The Limited Liability Company is to be managed by one manager or more managers, and is, therefore a manager - managed company. The managers names and addresses are as follows:

MGR Joseph A. Sanz
 9155 S. Dadeland Blvd., Suite 1602
 Miami, FL 33156

MGR Riccardo Quadroni
 Via Cantonale
 6934 Bioggio
 Switzerland

ARTICLE V - MEMBER

The name and the address of the sole Member is as follows:

1651 North Collins Corp.
9155 S. Dadeland Blvd., Suite 1602
Miami, FL 33156

In accordance with Section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

Executed this 9th day of July, 2008.

SOLE MEMBER

**1651 NORTH COLLINS CORP.,
A FLORIDA CORPORATION**

BY: _____

JOSEPH A. SANZ, PRESIDENT