

L12000156 213

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

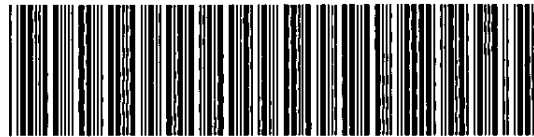
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EXAMINER



600242680906

12/14/12--01001--022 \*\*155.00

RECEIVED  
DEPARTMENT OF STATE  
12 DEC 13 PM 4:37

FILED  
12 DEC 13 PM 12:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPDIRECT AGENTS, INC. (formerly CCRS)  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301  
222-1173

FILING COVER SHEET  
ACCT. #FCA-14

CONTACT: Kim Weidenbach

DATE: 12/13/12

REF. #: 000409.177737

CORP. NAME: 80 NW 11ST, LLC

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TALLAHASSEE, FLORIDA

- |                                                      |                                                 |                                                       |
|------------------------------------------------------|-------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> ARTICLES OF INCORPORATION   | <input type="checkbox"/> ARTICLES OF AMENDMENT  | <input type="checkbox"/> ARTICLES OF DISSOLUTION      |
| <input type="checkbox"/> ANNUAL REPORT               | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME              |
| <input type="checkbox"/> FOREIGN QUALIFICATION       | <input type="checkbox"/> LIMITED PARTNERSHIP    | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT               | <input type="checkbox"/> MERGER                 | <input type="checkbox"/> WITHDRAWAL                   |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION |                                                 |                                                       |
| <input type="checkbox"/> OTHER:                      |                                                 |                                                       |

STATE FEES PREPAID WITH CHECK# 102398 FOR \$ 155.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

\_\_\_\_\_ COST LIMIT: \$ \_\_\_\_\_

PLEASE RETURN:

- |                                                    |                                                       |                                             |
|----------------------------------------------------|-------------------------------------------------------|---------------------------------------------|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS     |                                                       |                                             |

Examiner's Initials

**ARTICLES OF ORGANIZATION  
OF  
80 NW 11 ST , LLC**

**FILED**  
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TALLAHASSEE, FLORIDA

**ARTICLE I: - Name**

The name of the Limited Liability Company is: **80 NW 11 ST, LLC**

**ARTICLE II: - Address**

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

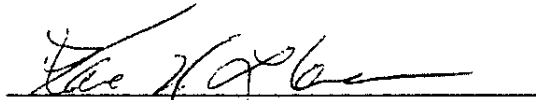
**301 West 41<sup>st</sup> Street  
Suite 406  
Miami Beach, Florida 33140**

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

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

**Karen Llera  
301 West 41<sup>st</sup> Street  
Suite 406  
Miami Beach, Florida 33140**

*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.*

  
\_\_\_\_\_  
Karen Llera, Registered Agent

**ARTICLE IV: - Management**

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

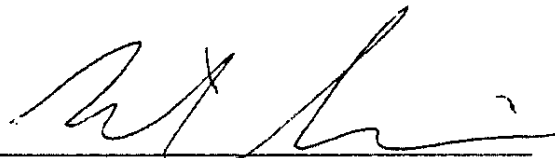
**ARTICLE V: - Managers**

The name and address of the Manager is as follows:

MGR

Michael R. Simkins  
301 West 41<sup>st</sup> Street, Suite 406  
Miami Beach, Florida 33140

**IN WITNESS WHEREOF**, the undersigned has executed these Articles of Organization on December 12, 2012.

A handwritten signature in black ink, appearing to read 'Michael R. Simkins', written over a horizontal line.

Michael R. Simkins, Authorized Signer

(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.)

Michael R. Simkins

Typed or printed name of signee