

FAX AUDIT NO.: H140001186563

L/400008/203

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : MICHAEL J. FREEMAN, P.A.
Account Number : 072720000142
Phone : (305) 442-1567
Fax Number : (305) 442-1227

****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.

Delaware 5025 LLC

Certificate of Status	1
Certified Copy	1
Page Count	02
Estimated Charge	\$160.00

MAY 20 2014

A. LUNT

RECEIVED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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5/19/2014

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I – Name:

The name of the Limited Liability Company is:

DELAWARE 5025 LLC

ARTICLE II – Address:

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

Principal Office Address: 2601 South Bayshore Drive
Suite 1200
Coconut Grove, FL 33133

Mailing Address: 2601 South Bayshore Drive
Suite 1200
Coconut Grove, FL 33133

ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature:

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

M.J. F. Registered Agent Corp.
Name

153 Sevilla Avenue
Florida Street Address (No P.O. Box)

Coral Gables, FL 33134
City, State, and Zipcode

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..



Registered Agent's Signature
(Michael J. Freeman, President)

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CLERK OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV – Manager(s) or Managing Member(s):

The name and address of each Manager or Authorized Member is as follows:

Title:

AMBR = Authorized Member
MGR = Manager

Name and Address:

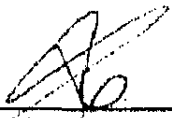
AMBR

Joseph Horn, trustee of the Joseph
Horn Revocable Trust Agreement
dated June 11, 2008
2601 South Bayshore Drive
Suite 1200
Coconut Grove, FL 33133

MGR

Joseph Horn
2601 South Bayshore Drive
Suite 1200
Coconut Grove, FL 33133

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member
(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.)

Joseph Horn, trustee of the Joseph Horn Revocable
Trust Agreement dated June 11, 2008

Type or print name of signee

2014 MAY 19 PM 1:04
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TALLAHASSEE
STATE DEPARTMENT OF REVENUE