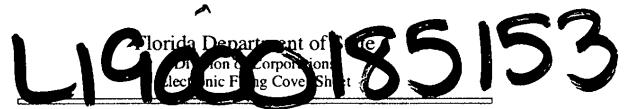
Division of Corporations

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)694-1639

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

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FLORIDA LIMITED LIABILITY CO. 424 Park Place 1, LLC

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OP JUL 31 AH 8: 55 SECRETARY OF STATE

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Electronic Filing Menu

Corporate Filing Menu

Help K. Brumbley

	CO	OVER LETTER	54.
	w Filing Section vision of Corporations		•
CUDIECT.		ARK PLACE I, LLC	
SUBJECT:		mited Liability Company	
The enclose	d Articles of Organization and fee(s) a	re submitted for filing.	
Please return	n all correspondence concerning this m	natter to the following:	
	Chri	stophe L. DiFalco, Esq.	
•		Name of Person	
	DiF	Ico Fernandez & Kaplan	
•	· · · · · · · · · · · · · · · · · · ·	Firm/Company	
	דדר	Brickell Avenue, Suite 630	
•		Address	
		Miami FL 33131	
•	(City/State and Zip Code	
	gre	goryw@gwa-inc.com	
	E-mail address: (to be used	I for future annual report notificati	on)
For further in	formation concerning this matter, pleas	se call:	
•	Gregory Welteroth Jr. 5	370 433-3366	
_		Area Code Daytime Telephon	e Number
Enclosed is	a check for the following amount:		
\$125.00 Fil	ing Fee \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		Street Address	

Mailing Address
New Filing Section
Division of Corporations
P.O. Box 6327 Tallahassec, FL 32314

Street Address

New Filing Section
Division of Corporations Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTECLES OF OR GANZATION FOR FLORIDA LIMITED LIABILITY COMPANY

•		•	· .	
######################################		PARK PLACE 1		
(Must contr	an the words "Limited	Liability Compa	by, "LLC.," or "LLC.")	
ARTICLE II - Address: The mailing address and street ad	ldress of the principal	office of the Limi	ted Liability Company is:	•
Principa	d Office Address:		Mailing Address	<u>s</u> :
777 Brickell Av	enno, Suite 630		777 Brickell Avenue, Suit	e 630
Mlami FL 33131		<u>N</u>	dismi FL 33131	
		. 		
ARTICLE III - Registered Age			*	.
The name and the Florida street a	_	& Kaplan - Attn:	Christophe L. DiFalco	
·		Namo		
	777 Brickell Avenue			
	Florida street addre	13 (P.O. Box <u>NO</u>	I acceptable)	
	Miani	PL.	33131	
	City	State	Zip	
Having been named as registered a	geni and to accept seri	rice of process for	tered agent and agree to act in	y company at the this capacity. I
olace designated is this cirtificate, further agree to comply with the pro am familiar with and accept the obj	ingations of all stabilies to	resisting to the pro-	per and complete performance nt as provided for in Chapter 6 nature (REQUIRED)	of my disties, and

FILED
2019 JUL 31 AM 8: 55
SECRETARY OF STATE

<u>Title:</u> "AMBR" = Authorized Member	Narm and Address:
"MGR" = Manager	
AMBR	Gregory Welteroth Jr.
	356 Laurens Road
	Montoursville, PA 17754
	
•	
	•
•	
CV: Efflortive date, if other than the date	be of filing: (OPTIONAL)
EV: Effective date, if other than the date with the date is listed, the date must be a filling.)	pecific and cannot be more than five business days prior to ar 9
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CV: Effective date, if other than the date clive date is listed, the date must be a f (Blag.) the date inserted in this blook does not sent's effective date on the Department. EVI: Other provisions, if any. Signature of a transition of the document is excent any fals.	pecific and campt be more than five business days prior to ar 9 meet the applicable statutory filing requirements, this date will not tof State's records.

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of States (Optional)