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# Florida Department of State
## Division of Corporations
## Electronic Filing Cover Sheet

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```
To:
        Division of Corporations
        Fax Number      : (850)617-6381

From:
        Account Name    : C T CORPORATION SYSTEM
        Account Number  : FCA000000023
        Phone           : (954)208-0845
        Fax Number      : (614)573-3996
```

**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.
## 5821 NW1, LLC

| | |
|---|---|
| Certificate of Status | 0 |
| Certified Copy | 1 |
| Page Count | 03 |
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TALLAHASSEE, FLORIDA
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:**
The name of the Limited Liability Company is:

5821 NW1, LLC
_____
(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

**ARTICLE II - Address:**
The mailing address and street address of the principal office of the Limited Liability Company is:

| **Principal Office Address:** | **Mailing Address:** |
|---|---|
| 2301 S Miami Avenue | 2301 S Miami Avenue |
| Miami, FL 33129 | Miami, FL 33129 |

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

C T Corporation System
_____
Nita

1200 South Pine Island Road
_____
Florida street address (P.O. Box **NOT** acceptable)

| Plantation | FL | 33324 |
|---|---|---|
| City | State | Zip |

*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 his 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 Cuptr 605, FS*

C T Corporation System

By: _____
Registered Agent's Signature (REQUIRED)

**ARTICLE IV-**
The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**                                                    **Name and Address:**
"AMBR" = Authorized Member
"MGR" = Manager

   MGR                                        Tali Raphaely
                                        2301 S Miami Avenue
                                        Miami, FL 33129

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: _____ . (OPTIONAL)
**(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after**
**the date of filing.)**
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

_____
_____
_____

**REQUIRED SIGNATURE:**

*Rachel Wilson*

**Signature of a member or an authorized representative of a member.**
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
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.

Rachel Wilson
Typed or printed name of signee

**Filing Fees:**
$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent