GIL TEREM 1100 WEST AVE 1126 MIAMI BEACH FL. 33139 City/State/Zip Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): W-30135 (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) ☐ Walk in Pick up time _____ Certified Copy Mail out ☐ Will wait Photocopy Certificate of Status NEW FILINGS **AMENDMENTS** ■ Profit Amendment Not for Profit Resignation of R.A., Officer/Director Limited Liability Change of Registered Agent Domestication Dissolution/Withdrawal Other Merger φ **OTHER FILINGS** REGISTRATION/QUALIFICA Annual Report ☐ Foreign Fictitious Name ☐ Limited Partnership Reinstatement Trademark Other Examiner's Initials CR2E031(7/97)



FLORIDA DEPARTMENT OF STATE

Katherine Harris Secretary of State

December 27, 2000

GIL TEREM 1100 WEST AVE STE 1126 MIAMI BEACH, FL 33139

SUBJECT: 1035 N. MIAMI AVE. LLC

Ref. Number: W00000030135

We have received your document for 1035 N. MIAMI AVE. LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please (850) 487-6097.

Michael Mays Document Specialist

Letter Number: 800A00064456

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: . The name of the Limited Liability Company is:
1035 N. MIAMI AVE. LLC
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
1100 WEST AVE. SUITE 1126 MIAMI BEACH FL. 33139
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
The name and the Florida street address of the registered agent are:
GIL TEREM
GIL TEREM 1100 WEST AVE APT. 1126
Florida street address (P.O. Box NOT acceptable) MIAMI REACH FL 33139 City, State, and Zip
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 Registered Agent's Signature
Article IV - Management (Check box if applicable.) The Limited Liability Company is to be managed by one manager or more managers and is,
therefore, a manager - managed company.
(An additional article must be added if an effective date is requested)
Signature of a member or an authorized representative of a member.
(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.) CLUTIFIEM. Typed or printed name of signee
Filing Fees: \$100.00 Filing Fee for Articles of Organization \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)