| | 1124 1124 1124 112-0191 | 000003811020- -03/08/0101010001 *****100.00 *****100. |
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| CORPORATION NAME(S) & D | OCUMENT NUMBER(S), | Office Use Only (if known): |
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| ☐ Walk in ☐ Pick up tim | · | -03/21/0101029009 |
| | | Ceruned 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 Domestication | Change of Reg Dissolution/Wi | istered Agent |
| Other | Merger | indrawai |
| OTHER FILINGS | - | WILL I DELCA TION |
| | <u> </u> | QUALIFICATION |
| Annual Report Fictitious Name | Foreign Limited Partner | rshin |
| 18/2/De | Reinstatement Trademark Other | FF\$125.0 |
| (**) | • | Examiner's Initials |

ATT: TAMI CLINE

RE: W 01000005436

532-536 N. MIAMI AVE. L.L.C.

INCLUSE \$25 CHECK FOR

THE BALANCE.

FOR ANY NEED CAN BE RECH AT

917 312-0191



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

March 9, 2001

AMIR TEREM 1100 WEST AVENUE 1126 MIAMI BEACH, FL 33139

SUBJECT: 532-538 N. MIAMI AVE, L.L.C.

Ref. Number: W01000005436

We have received your document for 532-538 N. MIAMI AVE. L.L.C. and check(s) totaling \$100.00. However, the document has not been filed and is being retained in this office for the following reason(s):

There is a balance due of \$25.00. Refer to the attached fee schedule for the breakdown of fees. Please return a copy of this letter to ensure your money is properly credited.

The fees to file a Florida Limited Liability Company or register a Foreign Limited Liability Company are as follows: \$100 filing fee; and \$25 registered agent designation fee. Please include an additional \$30 for each certified copy requested (optional) and \$5.00 for each certificate of status requested (optional).

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 call (850) 487-6020.

Tammi Cline Document Specialist

Letter Number: 301A00014627

F: 805 4101015

| * | | |
|--|--|-------------------|
| ARTICLES OF ORGANIZATION FO | OR FLORIDA LIMITED LIABILITY COMPA | NY |
| ARTICLE I - Name: The name of the Limited Liability Company is: | 1 | |
| 532-538 N. Miami A | tve. L.L.C. | |
| | incipal office of the Limited Liability Company is: | |
| 1100 West Ave., Selite | : 1126, Miami Beach, FL 32 | 3 <i>139</i> |
| ARTICLE III - Registered Agent, Registered | | , |
| The name and the Florida street address of the re | reintered agent are: | |
| Λ $-$ | | |
| | Name | |
| 1100 West | P.O. Box NOT eccoperatio) | |
| Florida street address | L.C.O. Box <u>NOT</u> assoptable) | |
| | State, and Zip 33139 | |
| agent and agree to act in this capacity. I further agreed to the proper and complete performance of abligations of my position as registered agent as pro- | of my duties, and I am familiar with and accept the provided for in Chapter 1868, F.S. | AIG |
| Rocitie | erred Aspert Signature | |
| | - 8 | 255 255 255 |
| Article IV - Management (Check box if appli The Limited Liability Company is to be matherefore, a manager - managed company. | icable.) inaged by one manager or more managers and is, | OF STA |
| | <u>့</u> | |
| | | CO: |
| (An additional article must be ad | dded if an effective date is requested) | |
| Signature of a mambar or till au | siturized representative of a member. | |
| (In succertance with section 608. | .408(3), Florida Statulus, the execution iffirmation under the penalties of perjury | |
| | ated name of signed | |
| Filler F | | |
| | Filing Fee for Articles of Organization Designation of Sheintowed Asset | |

\$ 38.00 Certified Copy (Optionsi)
\$ 5.00 Certificate of States (Optionsi)