## Florida Department of State

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To:

Division of Corporations

Fax Number : (850)205-0383

From:

=ASTRID BUTTARI, LECAL ASSISTANT= Account Name : AKERMAN, SENTERFITT & EIDSON, P.A.

Account Number : 075471001363

Phone

: (305)374-5600

Fax Number

: (305)374-5095

## LIMITED LIABILITY COMPANY

BLEAU GROTTO APARTMENTS, LLC

Certificate of Status	0
Certified Copy	1
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Estimated Charge	\$155.00
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## ARTICLES OF ORGANIZATION OF BLEAU GROTTO APARTMENTS, LLC

ARTICLE I: - Name

The name of the Limited Liability Company is: Bleau Grotto Apartments, LLC

ARTICLE II: - Address

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

6039 Collins Avenue, Apt. #1537 Miami Beach, Florida 33140

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

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

Paul A. Shelowitz, Esq.
One Southeast Third Avenue, 28th Floor
Miami, Florida 33131

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 608, F.S.

Paul A. Shelowitz, Esq. Registered Agent

ARTICLE IV: - Management (Check box if applicable.)

M The Limited Liability Company is to be managed by one or more managers and is, therefore, a manager - managed company.

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

(In accordance with section §608(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Paul A. Shelowitz, Esq. Typed or printed name of signee

Dated this 25th day of April, 2001.