

# LD2000002364

Capitol Services, Inc.

1406 Hays St., Suite 2

Tallahassee, FL 32301

(850) 878-4734  
Kathi or Brent

Office Use Only

## CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. OLP Miami Venture LLC (Corporation Name) (Document #)  
2. \_\_\_\_\_ (Corporation Name) (Document #)  
3. \_\_\_\_\_ (Corporation Name) (Document #) **400004850754--3**  
**-01/31/02--01019--008**  
**\*\*\*\*155.00 \*\*\*\*155.00**  
4. \_\_\_\_\_ (Corporation Name) (Document #)

☒ Walk in

☒ Pick up time 1131

☒ Certified Copy

☐ Mail Out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

### NEW FILINGS

☐ Profit

☐ Not for Profit

☒ Limited Liability

☐ Domestication

☐ Other

### OTHER FILINGS

☐ Annual Report

☐ Fictitious Name

### AMENDMENTS

☐ Amendment

☐ Resignation of R.A., Officer/Director

☐ Change of Registered Agent

☐ Dissolution/Withdrawal

☐ Merger

### REGISTRATION/QUALIFICATION

☐ Foreign

☐ Limited Partnership

☐ Reinstatement

☐ Trademark

☐ Other

Examiner's Initials

RECEIVED  
02 JAN 31 AM 11:05  
TALLAHASSEE, FL 32301  
STATE OF FLORIDA  
APPROVED  
AND  
FILED

1-31-02

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I – Name:**

The name of the Limited Liability Company is: OLP MIAMI VENTURE LLC

**ARTICLE II – Address:**

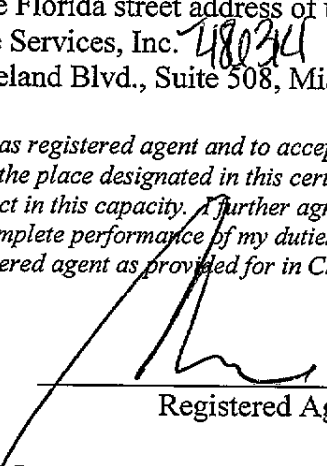
The mailing address and street address of the principal office of the Limited Liability Company is: 60 Cutter Mill Road, Suite 303, Great Neck, New York 11021

**ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature:**

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

United Corporate Services, Inc. 48034  
9200 South Dadeland Blvd., Suite 508, Miami, Florida 33156

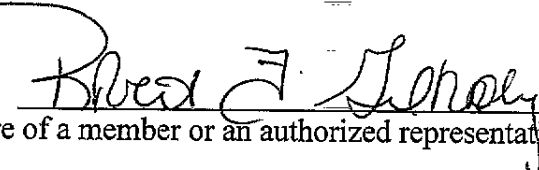
*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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.*

  
\_\_\_\_\_  
Registered Agent's Signature

**ARTICLE IV – Management (Check box if applicable.)**

☒ [ X ] 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.)

\_\_\_\_\_  
Robert F. Gilhooley, Organizer

Typed or printed name of signer

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

02 JAN 31 PM 12:35

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