## Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

**Electronic Filing Cover Sheet** 

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H02000057581 9)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)205-0383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255 Phone : (305)634-3694 Fax Number

: (305)633-9696

55

JIVIS!ON OF CORPORATION

177 [1]

AL !

### LEMITED LIABILITY COMPANY

biscayne morningside co., llc

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

# # 0200005**75**81

#### ARTICLES OF ORGANIZATION

**②** 

#### FOR

#### BISCAYNE MORNINGSIDE CO., LLC

#### ARTICLE I. - NAME:

The name of this Limited Liability Company ("Company") shall be:

BISCAYNE MORNINGSIDE CO., LLC

### ARTICLE IL - ADDRESS

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

c/o Thomas W. Fawell, 11111 Biscayne Boulevard, Suite 715, Miami, Florida 33181

#### ARTICLE III. - MANAGEMENT

The Company is to be managed by: a manager or managers and the name(s) and address of such manager(s) is:

Thomas W. Fawell

11111 Biscayne Boulevard

Suite 715

Miami, Florida 33181

Signature of authorized representative of a member

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

H 02000057581

# H 02000057581 5

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

- 1. The name of the limited liability company is: BISCAYNE MORNINGSIDE CO., LLC
- 2. The name and the Florida street address of the registered agent are:

#### PEDRO A MARTIN NAME

02 NAR 15

1221 Brickell Avenue, Suite 2100

Miami, Florida 33131

Florida street address (p.o. BOX NOT ACCEPTABLE)

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.

SIGNATION

H 02000057581