

**LO2000006294**

Florida Department of State  
Division of Corporations  
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To:  
Division of Corporations  
Fax Number : (850) 205-0383

**AL**

From:  
Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

**LIMITED LIABILITY COMPANY**

**key biscayne fashion weekend, llc**

Certificate of Status	0
Certified Copy	1
Page Count	02
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TALLAHASSEE, FLORIDA

02 MAR 18



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

March 15, 2002

EMPIRE

SUBJECT: KEY BISCAYNE FASHION WEEKEND, LLC  
REF: W02000007331

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We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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.

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Agnes Lunt  
Document Specialist

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DIVISION OF CORPORATION

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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## ARTICLE I - Name:

The name of the Limited Liability Company is:

KEY BISCAIYNE FASHION WEEKEND, LLC

## ARTICLE II - Address:

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

2200 SOUTH DIXIE Highway, Suite 70  
MIAMI FL 33133

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

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

MARIA DEL PILAR SUENMAYOR  
 Name  
 2200 SOUTH DIXIE Highway Suite 70  
 Florida street address (P.O. Box NOT acceptable)  
 Miami FL 33133  
 City, State, and Zip

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 MAR 18

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.

*[Signature]*  
 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]*  
 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.)

\_\_\_\_\_  
 Typed or printed name of signer

## 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)

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