## Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number

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From:

Account Name

: FIELDSTONE LESTER SHEAR & DENBERG

Account Number : 119990000180

: (305)357-5775

Phone

Fax Number

: (305)357-5534

PAYISION OF CORPURATION

### LIMITED LIABILITY COMPANY

FIRST OCEAN RESIDENCE REALTY, LLC

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$155.00

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# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE I - Name:

1.

The name of the Limited Liability Company is: FIRST OCEAN RESIDENCE REALTY, LLC

#### ARTICLE II - Address:

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

5930 Northbay Road Miami Beach, FL 33140

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

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

Ronald Fieldstone Name

201 Alhambra Circle, Suite 601 Florida street address (P.O. Box NOT acceptable)

Coral Gables, FL 33134 City, State, and Zip

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 is fegistered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the provise a complete performance of my duties, and I am familiar with and accept the obligations of my position as registered largery as provided for in Chapter 608, F.S.

Registered Agent's Signature

### Article IV - Management (Check box if applicable.)

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 expresentative 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.)

Lcon Cohen, Authorized Representative Typed or printed name of signee

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