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Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number

: (850)205-0383

From:

Account Name : PAUL SALVER, P.A.

Account Number : 120020000087 Phone : (954)389-1333

Fax Number : (954)389-1397

LIMITED LIABILITY COMPAN

The Collins 1615, LLC

| 0 |
|----------|
| 0 |
| 01 |
| \$125.00 |
| |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

The Collins 1615, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is: 2457 Poinciana Drive, Weston, FL 33327

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

Paul Salver, Esq.

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

| | Name | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 2721 Execut | tive Park Dr., Suite 4 | |
| Florida street ac | ddress (P.O. Box <u>NOT</u> acceptable) | • |
| Weston | FL 33331 | |
| | City, State, and Zip | |
| llability company at the place designated in registered agent and agree to act in this cap statutes relating to the proper and complete accept the obligations of my position is regis (An additional article mus | d to accept service of process for the above stated in this pertificate, I hereby accept the appointment as pacity. I further agree to comply with the provision a performance of my duties, and I am familiar with existenced agent as provided for in Chapter 608, F.S. Stered Agent's Signature at be added if an effective date is requested) menez, as manager of Midas Investments | ECRETARY OF STATE SECRETARY OF CORPORATION OF CORP |
| | r an authorized representative of a member. | |
| of this document constitue that the facts stated hereing Typed | ion 608,408(3), Florida Statutes, the execution utes an affirmation under the penalties of perjury in arc true.) According to the control of | |

: 5 25.00 Designation of Registered Agent
5 30.00 Certified Copy (Optional)
S 5,00 Certificate of Status (Optional)