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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)205-0383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305)634-3694
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RECEIVED
03 APR 11 PM 6:03
DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

BISCAYNE VENTURE DEVELOPMENT LLC

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

03 APR 11 AM 9:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
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7-402

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ARTICLES OF ORGANIZATION

FOR

3
BISCAYNE VENTURE DEVELOPMENT LLC

ARTICLE I - NAME:

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

BISCAYNE VENTURE DEVELOPMENT LLC

ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the Company is: c/o Samuel & Co., LLC, 444 Brickell Avenue, Suite 650, Miami, Florida 33131.

ARTICLE III - DURATION

The period of duration for the Company shall be perpetual unless dissolved according to law.

ARTICLE IV - MANAGEMENT

The Company is to be managed by its managers. The names and addresses of the initial managers of the Company are:

Dan Pfeffer
c/o Midtown Equities, LLC
417 Fifth Avenue, 9th Floor
New York, New York 10016

And

Michael Samuel
c/o Samuel & Co., LLC
444 Brickell Avenue, Suite 650
Miami, Florida 33131

(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.)


Signature of a Member Representative

AND
FILED
03 APR 14 AM 9:19
SECRETARY OF STATE
ALLAHUSSEIN F. HADAD

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**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 VENTURE DEVELOPMENT LLC
2. The name and the Florida street address of the registered agent are:

MICHAEL SAMUEL

NAME

444 Brickell Avenue, Suite 650

Florida street address (P.O. BOX NOT ACCEPTABLE)

Miami, Florida 33131

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 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.

SIGNATURE

FILED
AND
RECORDED
STATE
OF FLORIDA

03 APR 16 AM 9:19

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