

# L03000013246

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  
Fax Number : (305)633-9696

03 APR 14 AM 9:27  
RECEIVED  
DIVISION OF CORPORATIONS  
FLORIDA

03 APR 11 PM 6:03

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**LIMITED LIABILITY COMPANY**

**CASAM PROPERTY MANAGEMENT LLC**

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

*Handwritten signature/initials*

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ARTICLES OF ORGANIZATION

FOR

(3) CASAM PROPERTY MANAGEMENT LLC

ARTICLE I - NAME:

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

CASAM PROPERTY MANAGEMENT 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 manager. The name and address of the initial manager of the Company is:

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

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SECRETARY OF STATE  
ALLIANCE STATE, FLORIDA

03 APR 14 AM 9:27

AND  
FILED

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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.

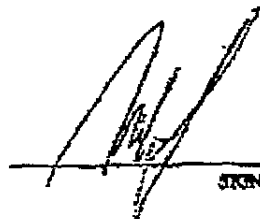
1. The name of the limited liability company is: CASAM PROPERTY MANAGEMENT LLC
2. The name and the Florida street address of the registered agent are:

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

APPROVED  
AND  
FILED  
03 APR 16 AM 9:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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