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

From: Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305)599-0839
Fax Number : (305)716-0346

LIMITED LIABILITY COMPANY

4300 COLLINS AVENUE, L.L.C.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

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 SECRETARY OF STATE
 PALM HARBOR, FLORIDA
 DIVISION OF CORPORATION
 APPROVED
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Handwritten initials/signature

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

4300 COLLINS AVENUE, L.L.C.

ARTICLE II - Address:

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

1717 N. BAYSHORE DR., SUITE 102, MIAMI, FLA 33132

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

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

Dennis R. Bedard
1717 North Bayshore Drive

Suite 102
Fla
Miami, Florida 33132

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 as provided for in Chapter 608, F.S.



Registered Agent's Signature

SECRETARY OF STATE
PALETTA HASSE, FLORIDA

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AND
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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 of a member or an authorized representative of a member.

(In accordance with section 605.40(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalty of perjury that the facts stated herein are true.)

JENNIS R. BEDARD

(Typed or printed name of signer)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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