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Florida Department of State  
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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

APPROVED  
AND  
FILED  
03 JUN -4, AM 8:25  
RECEIVED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
03 JUN -4 PM 4:26  
DIVISION OF CORPORATION

Handwritten initials and "16-50"

**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  
\_\_\_\_\_  
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  
PALETTASSEE, FLORIDA

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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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