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Florida Department of State  
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DIVISION OF CORPORATION

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**LIMITED LIABILITY COMPANY**

**CASAM 3110 LLC**

Certificate of Status	1
Certified Copy	1
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Estimated Charge	\$160.00

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**ARTICLES OF ORGANIZATION**

**FOR**

**CASAM 3110 LLC**

**ARTICLE I - NAME:**

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

**CASAM 3110 LLC**

**ARTICLE II - ADDRESS**

The mailing address and street address of the principal office of the Company is: c/o Samuel & Co., LLC, 6301 Biscayne Blvd., Suite 100, Miami, Florida 33138

**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, 9<sup>th</sup> Floor  
New York, New York 10016

And

Michael Samuel  
c/o Samuel & Co., LLC  
6301 Biscayne Blvd. suite 100  
Miami, Florida 33138

(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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**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 3110 LLC
2. The name and the Florida street address of the registered agent are:

MICHAEL SAMUEL  
NAME

6301 Biscayne Blvd. Suite 100  
Florida street address (P.O. BOX NOT ACCEPTABLE)

Miami, Florida 33138  
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

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