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TRANSMITTAL LETTER

	gistration Section vision of Corporations				
SUBJECT:	450 Arthur Go	dfrey, LLC			
ocavac.	(Name of Limited List	ility Company)			
The enclose	ed Articles of Organization and fee(s) are submit	ed for filing.			
	Please return all correspondence co	ncerning this matter to the following	y;		
	Madison Karlock				
	Name	of Person)			
	(Firm)	Company)	- · · · · · · · · · · · · · · · · · · ·		
	995 N. Venetian D	•_			
	(Ac	drosa)	TALS:	40	
	Mismi Beach, Fl.	33139	_\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	<u></u>	
	(City/State	and Zip Code)	IASSE	04 JAN 15	
For further	information concerning this matter, please call:		m Pi	./**** \$6	
Ma	dison Karlock at (305) 281-2322	95	9: 3 ₈	
***************************************	(Name of Person)	(Area Code & Daytime Telephone Nu		33	

STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street Tallehassee, Florida 32399 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

THE PARTY OF STREET PARTY AND ALL WILL

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

450 Arthur Godfrey, LLC				
ARTICLE II - Address: The mailing address and street address of the pr	incinal office of the Limited Liability Compan			
Principal Office Address:	Mailing Address:			
995 N. Venetian Dr.	995 N. Venetian Dr.			
Miami Beach, Fl. 33139	Mismi Beach, Fl. 33139			
	MARKET DESCRIPTION			
ARTICLE III - Registered Agent, Registered	I Office, & Registered Agent's Signature:			
ARTICLE III - Registered Agent, Registered	I Office, & Registered Agent's Signature: registered agent are:			
ARTICLE III - Registered Agent, Registered The name and the Florida street address of the t	I Office, & Registered Agent's Signature: registered agent are:			
ARTICLE III - Registered Agent, Registered The name and the Florida street address of the t	I Office, & Registered Agent's Signature: registered agent are: **Lock** **Cock** *			
ARTICLE III - Registered Agent, Registered The name and the Florida street address of the t Madison Kar Name	d Office, & Registered Agent's Signature: registered agent are: LANGE CHARGE Lan Dr.			

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, Florida Statutes..

Registered Agent's Signature Madison Karlock

> Page 1 of 2 (CONTINUED)

Title: "MGR" - Manager "MGRM" - Managing Member	R" - Manager			
MGRM	Madison Karlock			
	995 N. Venetian Dr.			
	Miami Beach, Fl. 33139			
				
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(Use attachment if necessary)		<u> </u>		
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NOTE: An additional article must	t be added if an effective date is requested.	ORIGINA		
REQUIRED SIGNATURE:		_		
XLK	KLL			
Signature of a member or :	an authorized representative of a member.			
(In accordance with section of this document constitutes that the facts stated herein as	608.408(3), Florida Statutes, the execution an affirmation under the penalties of perjury re true.)			

ARTICLE IV- Manager(s) or Managing Member(s):

Filing Fees:
\$100.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

Typed or printed name of signec