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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
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY**ISLES OF CAPRI ON HUTCHINSON ISLAND, LLC**

Certificate of Status	0
Certified Copy	1
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W04-14798
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ISLES OF CAPRI ON HUTCHINSON ISLAND, LLC

ARTICLE II - Address:

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

18851 NE 29 Avenue, Suite 900
Aventura, FL 33180

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

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

MARK E. ROUSSO, ESQ.

Name

18851 N.E. 29 Avenue, Suite 900Aventura, FL 33180

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, P.S.


 Registered Agent's Signature

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.

The Manager is:

MITCH PASIN


 MITCH PASIN

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

(In accordance with Section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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