

L04000020481

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H04000056424 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

LIMITED LIABILITY COMPANY

samuel north hills llc

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

04 MAR 16 PM 2:56
DIVISION OF CORPORATION

RECEIVED

04 MAR 16 AM 11:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AND
FILED

Electronic Filing Menu

Corporate Filing

Public Access Help

HALL

07/13/12 12:44 PM RECEIVED BY MAIL 11/11/12 10:11 AM

H04000056424

③

**ARTICLES OF ORGANIZATION
FOR
SAMUEL NORTH HILLS LLC**

ARTICLE I - NAME:

The name of this Limited Liability Company ("Company") shall be:
SAMUEL NORTH HILLS LLC

ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the Company is: c/o Michael Samuel, 3110 NE 2nd Avenue, Miami, Florida 33137.

ARTICLE III - DURATION

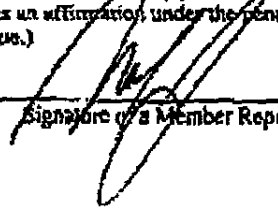
The period of duration for the Company shall be perpetual unless dissolved according to law.

ARTICLE IV - MANAGEMENT

The Company is to be managed by its manager(s). The name and address of the initial manager of the Company is:

Michael Samuel
3110 NE 2nd Avenue
Miami, Florida 33137

(In accordance with section 605.408(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

APPROVED
AND
FILED
04 MAR 16 AM 11:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H04000056424

H04000050424

**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: **SAMUEL NORTH HILLS LLC**
2. The name and the Florida street address of the registered agent are:

MICHAEL SAMUEL

NAME

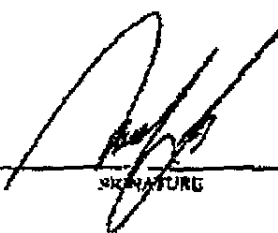
3110 NE 2nd Avenue

Florida street address (P.O. BOX NOT ACCEPTABLE)

Miami, Florida 33137

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

04 MAR 16 AM 11:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

H04000050424