

**W040000 30154**  
Florida Department of State  
Division of Corporations  
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**LIMITED LIABILITY COMPANY**

**PONCE 1604, LLC**

Certificate of Status	0
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**W04-30154**  
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**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

PONCE 1604, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

2151 Le Jeune Rd.

Mezzanine

Coral Gables, FL 33134

**Mailing Address:**

2151 LeJeune Rd

Mezzanine

Coral Gables, FL 33134

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

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

Michael Gennett

Name

2151 Le Jeune Rd., Mezzanine

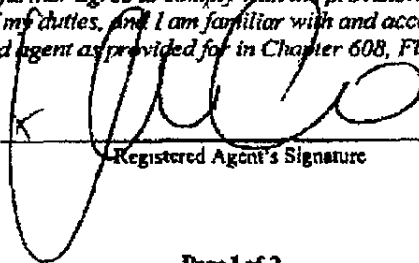
Florida street address (P.O. Box NOT acceptable)

Coral Gables

FLORIDA 33134

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, Florida Statutes.*



Registered Agent's Signature

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

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

Carla Wilson

2151 Le Jeune Rd, Mezzanine

Coral Gables, FL 33134

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(Use attachment if necessary)

**NOTE: An additional article must be added if an effective date is requested.**

**REQUIRED SIGNATURE:**

*Carla Wilson*  
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.)

Carla Wilson  
Typed or printed name of signet

**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)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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