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Division of Corporations

1 of 1

Florida Department of State  
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To:

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From:

Account Name : EMPIRE CORPORATE KIT COMPANY  
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Phone : (305) 634-3694  
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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**LIMITED LIABILITY COMPANY**

**celine st.tropez, L.L.C.**

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Certificate of Status	0
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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - NAME:**

The name of the Limited Liability Company is:  
**CELINE ST.TROPEZ, L.L.C.**

**ARTICLE II - ADDRESS:**

The mailing address and street address of the principal office of the limited Liability Company is 1417 Middle River Drive, Fort Lauderdale, Florida 33304.

**ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, &  
REGISTERED AGENT'S SIGNATURE:**

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

LARRY J. BEHAR, P.A.  
888 Southeast Third Avenue  
Suite # 400  
Fort Lauderdale, Florida 33316

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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, F.S..

  
Larry J. Behar, Registered Agent

**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.

(An additional article must be added if an effective date is requested).

  
Albert Niels, Manager - 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.)

ALBERT NIELS

Typed or printed name of signer