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To:

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

From:

Account Name : CORPDIRECT AGENTS, INC.
Account Number : 110450000714
Phone : (850) 222-1173
Fax Number : (850) 224-1640

0150.27382

LIMITED LIABILITY COMPANY

SAMUEL MIDTOWN MIAMI LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

FILED
04 JUN 21 AM 9:08
TALLAHASSEE, FLORIDA
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**ARTICLES OF ORGANIZATION
FOR
SAMUEL MIDTOWN MIAMI LLC**

ARTICLE I - NAME:

The name of this Limited Liability Company ("Company") shall be:

SAMUEL MIDTOWN MIAMI LLC

ARTICLE II - ADDRESS

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

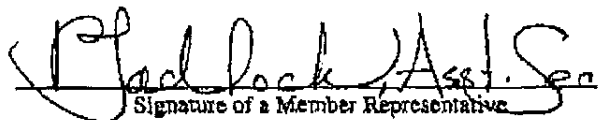
3110 NE Second Avenue

Miami, Florida 33137

ARTICLE III - MANAGEMENT

The Company shall be a manager-managed limited company, and its manager or managers shall be appointed and serve in the manner provided in the Company's operating agreement.

(In accordance with section 608.408(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

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**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 MIDTOWN MIAMI LLC**
2. The name and the Florida street address of the registered agent are:

CORPDIRECT AGENTS, INC.
103 North Meridian Street
Lower Level
Tallahassee, FL 32301

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.

By: *Patricia Tadlock, Asst. Sec.*
CORPDIRECT AGENTS, INC.

PRINT NAME: Patricia Tadlock

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