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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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SECINLIARY OF STATE
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TRANSMITTAL LETTER

TO:	Registration Section Division of Corporations			
SUBJE	ECT: Fame-Florida Properties 1640, LLC			
	(Name of Limited Liability Company)			
The en	closed Articles of Organization and fee(s) are submitted for filing.		٠	
	Please return all correspondence concerning this matter to the following:			
	Bruce H. illes			
	(Name of Person)	 .		
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	(Firm/Company)		들	
	(Pittip Company)	方言	~~ ~	-
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	10506 Old Grove Circle	— [-]		Ti
	(Address)	- 1 1		5
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	Bradenton, Florida 34212 941	<u> </u>	<u>ි</u> වූ	
	(City/State and Zip Code)	- 0 A		
		-		
For fun	ther information concerning this matter, please call:			
Bruce	H. Illes			
	(Name of Person) (Area Code & Daytime Telephone Number)			

STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Fame-Florida Properties 1640, LLC	
ARTICLE II - Address: The mailing address and street address of the principal address.	ipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
201 North Riverside Drive	P.O. Box 21404
Apartment 302	Cleveland, Ohio 44121
Pompano Beach, Florida 33062	
ARTICLE III - Registered Agent, Registered Of The name and the Florida street address of the registered Agent, Registered Of The name and the Florida street address of the registered Agent, Registered Of The name and the Florida street address (P.O. Both and P.O. Both	SECKETARY OF JUN 21 AM OX NOT acceptable)
Palmetto City, State, and 2	FLORIDA 34221 Sr. —

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

Page 1 of 2 (CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Name and Address: Title: "MGR" = Manager "MGRM" = Managing Member P.O. Box 21404 Merv Berger - MCMM Cleveland, Ohio 44121 P.O. Box 21404 Faye Berger - 6/ Cleveland, Ohio 44121 (Use attachment if necessary) NOTE: An additional article must be added if an effective date is requested. REQUIRED SIGNATURE: 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.)

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

Bruce H. Illes

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

Typed or printed name of signee