

LO4000067107

SEP-13-04 10:14 From: AKERMAN, SENTERFITT

3053745095

T-658 P.01/02 Job-778

Division of Corporations

Page 1 of 1

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.

(((H04000184047 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: *Angelica M. Chirn*
Account Name : AKERMAN, SENTERFITT & EIDSON, P.A.
Account Number : 075471001363
Phone : (305)374-5600
Fax Number : (305)374-5095

RECEIVED

04 SEP 13 PM 3:21

DIVISION OF CORPORATION

SEP 13 2004
TALLAHASSEE, FLORIDA

2004 SEP 13 A 4 56

FILED

LIMITED LIABILITY COMPANY

MYP DOWNTOWN LLC

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$155.00

Name	
Availability	
Document Examiner	DCC
Updater	DCC
Updater Verifier	DCC
Acknowledgement	DCC
P. Verifier	DCC

Electronic Filing Menu

Corporate Filing

Public Access Help

FAX AUDIT No. H04000184047

**ARTICLES OF ORGANIZATION
FOR
MYP DOWNTOWN LLC**

ARTICLE I - Name:

The name of the Limited Liability Company is: MYP Downtown LLC.

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is: 1800 Sunset Harbor Drive, Apartment 1202, Miami Beach, FL 33139.

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

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

American Information Services, Inc.

One S.E. 3rd Avenue

28th Floor

Miami, FL 33131

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



Angelica M. Chiru

Registered Agent's Signature

Signed and dated this 13th day of September, 2004.



Andrew M. Smulian

Authorized representative of a member

FAX AUDIT No. H04000184047