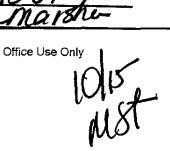
## 404000074830

(Requestor's Nam	ne)
(Address)	
(Address)	
(City/State/Zip/Pho	on <i>e #</i> )
PICK-UP WAIT	MAIL
(Business Entity N	lame)
(Document Numb	er)
Certified Copies Certifica	tes of Status
Special Instructions to Filing Officer:	
Joel Avesty AUTHORIZATION BY PH CORRECT # I C DATE 10-15-04 DOC. EXAMUNA 1	ONE TO

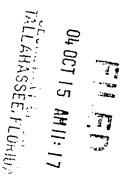




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10/07/04--01041--001 \*\*78.75

10/15/04--01019--003 \*\*81.25



## TRANSMITTAL LETTER

TO: Registration Division of	n Section Corporations		•		
SUR IFCT.	1100 NE 84TH STRE	ET, LLC			
SUBJECT:(Name of Limited Liability Company)					
The enclosed Article	s of Organization and fee(s) are s	ubmitted for filing.			
Please return all corr	espondence concerning this matte	er to the following:			
	Joel M. A	Aresty, Esq.			
	(	Name of Person)	<del></del>		
	Joel M. A	Aresty, P.A.			
<del></del> _	(	Firm/Company)	Per	2	
I	Penthouse, Atrium Cour		ayne Boulevar	04 OCT 15 AM 11:17	100 mm
		(Address)	SEE	υ: 	4
	Miami, Fl	C 33161	ayne Boulevard SSEE, FLORIUA	=	4
_	(City)	State and Zip Code)		=	
For further informati	on concerning this matter, please	call:	,		
Joel M. A	Aresty	at ( 305 ) 899-9	876		
(Na	me of Person)	(Area Code & Daytime T	elephone Number)		
Enclosed is a check	for the following amount:				
<b>□</b> \$125.00 Filing Fe	ce Status \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☑ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Reg Div 409	REET ADDRESS: gistration Section ision of Corporations E. Gaines Street lahassee, Florida 32399	MAILING A Registration S Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7		

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	bility Company is:	
1100 NE 84	TH STREET, LLC	
ARTICLE II - Address: The mailing address and stre	et address of the principal office of	the Limited Liability Company is:
Principal Office Address:	Mailing Addr	<u>'ess:</u>
1100 NE 84th Street	1100 NE 841	th Street
Miami, FL 33138	Miami, FL	
	eet address of the registered agent a	stered Agent's Signature:
	eet address of the registered agent a Christophe A. Vlillermin Name	
	eet address of the registered agent a	OL OCT I
	eet address of the registered agent a Christophe A. Vlillermin Name	OL OCT I
	cet address of the registered agent a Christophe A. Vlillermin Name  100 NE 84th Street Florida street address (P.O. Box NO	OL OCT I

(CONTINUED)

Page 1 of 2

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

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

<u>Title:</u>	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	
MGR	Christophe A. Vlillermin
	1100 NE 84th Street
	Miami, FL 33138
	<b>7</b>
(Use attachment if necessary)	
NOTE: An additional article must be	e added if an effective date is requested. SeenArticle V
	attached.
REQUIRED SIGNATURE:	
	<u> </u>
Signature of a member of	or an authorized representative of a member.
	on 608.408(3), Florida Statutes, the execution tes an affirmation under the penalties of perjury ein are true.)
	IN CHRISTOPHE ANDRE
Туре	d or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

ARTICLE V - Effective Date

The effective date of the formation of 1100 NE 84<sup>TH</sup> STREET, LLC is October **8** 2004.

O4 OCT 15 AM II: 17