

LD4000076008

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

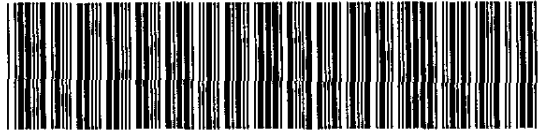
(Business Entity Name)

(Document Number)

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10/21/04--01004--006 \*\*155.00

04 OCT 20 PM 4:50  
DIVISION OF REVENUE

FILED  
04 OCT 20 AM 8:42  
TALLAHASSEE, FLORIDA  
STATE

CORPDIRECT AGENTS, INC. (formerly CCRS)  
103 N. MERIDIAN STREET, LOWER LEVEL  
TALLAHASSEE, FL 32301  
222-1173

FILING COVER SHEET  
ACCT. #FCA-14

FILED  
04 OCT 20 AM 8:42  
TALLAHASSEE, FLORIDA

CONTACT: MEGAN HODGE

DATE: 10/20/2004

REF. #: 0150.31047

CORP. NAME: 250 COLLINS, LLC

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION   | <input type="checkbox"/> ARTICLES OF AMENDMENT  | <input type="checkbox"/> ARTICLES OF DISSOLUTION      |
| <input type="checkbox"/> ANNUAL REPORT               | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME              |
| <input type="checkbox"/> FOREIGN QUALIFICATION       | <input type="checkbox"/> LIMITED PARTNERSHIP    | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT               | <input type="checkbox"/> MERGER                 | <input type="checkbox"/> WITHDRAWAL                   |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION |   |   |
| <input type="checkbox"/> OTHER:                      |   |   |

STATE FEES PREPAID WITH CHECK# 510039 FOR \$ 155.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

\_\_\_\_\_ COST LIMIT: \$ \_\_\_\_\_

PLEASE RETURN:

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS     |   |   |

Examiner's Initials

**ARTICLES OF ORGANIZATION  
FOR  
250 COLLINS, LLC**

**FILED**  
04 OCT 20 AM 8:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I. - NAME:**

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

**250 COLLINS, LLC**

**ARTICLE II. - ADDRESS**

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

1100 Biscayne Blvd., 7<sup>th</sup> Floor

Miami, FL 33132

**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

**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: **250 COLLINS, LLC**
  
2. The name and the Florida street address of the registered agent are:

JACOB I. SOPHER  
1100 BISCAYNE BLVD., 7<sup>TH</sup> FLOOR  
MIAMI, FLORIDA 33132

*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: \_\_\_\_\_

JACOB I. SOPHER

