

Division of Corporations

Page 1 of 1

**0400089867**

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.**

(((H04000245443 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. Chiru*

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

RECEIVED

04 DEC 13 PM 3:04

DIVISION OF CORPORATION

**LIMITED LIABILITY COMPANY  
CITY CENTER INVESTMENTS 1512, LLC**

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2004 DEC 13 AM 8:54

FILED

Electronic Filing Menu

Corporate Filing

Public Access Help

FAX AUDIT No. H04000245443

**ARTICLES OF ORGANIZATION  
FOR  
CITY CENTER INVESTMENTS 1512, LLC**

**ARTICLE I - Name:**

The name of the Limited Liability Company is: City Center Investments 1512, LLC.

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is: 1504 Bay Road, Suite 2002, 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. 3<sup>rd</sup> Avenue

28<sup>th</sup> 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, Assistant Secretary  
Registered Agent's Signature

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



Michael Simkins  
Authorized representative of a member

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2004 DEC 13 AM 8:54

FILED

FAX AUDIT No. H04000245443