Division of Corporations Public Access System

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Division of Corporations

Fax Number : (850)205-0383.

From:

Account Name

: EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255 Phone

: (305)634-3694

Fax Number

: (305)633-9696

LIMITED LIABILITY COMPANY

washington avenue partners, llc

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Certificate of Status	0
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Page Count	03
Estimated Charge	\$155.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: WAShing tow HVEN	UE PARtners, LLC	
ARTICLE II - Address: The mailing address and street address of the principal of	<i>)</i>	
Principal Office Address: 20801 Biscayne Blvd. #307 Aventura, FL 33180	Mailine Address: 2080 Biscayna Blvd. #307 Aventura, FL 33180	
ARTICLE III - Registered Agent, Registered Office, & The name and the Florida street address of the registered		
KARI J. Schume HILL SchumER 20801 BISCAYNE Florida street address (P.O. Box NOI	er, Esquire LLP Suite 307 Exceptables	
HVENTURA, FLOR	33180	
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)	HOYOODH8348 星	

. . . .

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows:

Title: "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	Judah Burstyn Wo Karl J. Schumer, Esa.
COMGR	Hill Schumer 20801 Biscayne Blud 194307 AVENTURA FL 33180
<u> </u>	City Center Investments 1512, LLC 1504 Bay Road, Suite 2002
	Miami Beach, FL 33139.
(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 pendities of perjusy that the facts stated herein are true.)

Typed or printed name of signec

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

S 35.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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