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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)205-0383

From: Account Name : GEOFFREY M. WAYNE, P.A.
Account Number : 076770003401
Phone : (305)381-8108
Fax Number : (305)381-8109

FILED
04 DEC 17 PM 5:04
TALLAHASSEE, FLORIDA

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DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

AT THE MUSEUM LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: AT THE MUSEUM LLC

ARTICLE II- Address:

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

1201 Brickell Avenue, Suite 220, Miami, Florida 33131

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

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

Geoffrey M. Wayne

Name

1201 Brickell Avenue, Suite 220

Florida street address (P.O. Box **NOT** acceptable)

Miami, Florida 33131

City, State, and Zip

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..

Geoffrey M. Wayne
Registered Agent's Signature

ARTICLE IV - Management (Check box if applicable.)

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

Geoffrey M. Wayne Authorized Representative
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 penalties of perjury that the facts stated herein are true.)

GEOFFREY M. WAYNE

Typed or printed name of signer

FILING FEES:

- \$ 100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (OPTIONAL)
- \$ 5.00 Certificate of Status (OPTIONAL)

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STATE OF FLORIDA