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

From:
Account Name : HUBCO
Account Number : 104662003400
Phone : (516)935-3940
Fax Number : (516)935-3088

LIMITED LIABILITY COMPANY

Miami 4 LLC

| | |
|-----------------------|----------|
| Certificate of Status | 1 |
| Certified Copy | 0 |
| Page Count | 02-3 |
| Estimated Charge | \$130.00 |

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ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is: **Miami 4 LLC**

ARTICLE II - Address

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

Principal Office Address:

Mailing Address:

13230 Polo Club Road, A207

13230 Polo Club Road, A207

Wellington, FL 33414

Wellington, FL 33414

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

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

David Sherwin

Name

13230 Polo Club Road, A207

(P.O. Box or Mail Drop Box **NOT** Acceptable)

Wellington, FL 33414

(City / State / 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.

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Registered Agent's Signature - David Sherwin

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

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

| <u>Title:</u> | <u>Name and Address:</u> |
|---|--|
| "MGR" = Manager "MGRM" = Managing Member | |
| <u>MGRM</u> | <u>David Sherwin- 13230 Polo Club Road, A207, Wellington, FL 33414</u> |
| <u>MGRM</u> | <u>Randall Rifelli- 4 High Acres Drive, Thornwood, NY 10594</u> |
| <u>MGRM</u> | <u>Richard Flamio- 4 Santa Monica Drive, Eastchester, NY 10709</u> |
| <u>MGRM</u> | <u>James Garito- 14 Deerhill Lane, Briarcliff Manor, NY 10510</u> |

(Use attachment if necessary)

REQUIRED SIGNATURE:



 Signature of a member or 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.)

David Sherwin

Typed or printed name of signee

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
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