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

From: Account Name : LEGAL200M
Account Number : I20010000062
Phone : (323)962-8600
Fax Number : (323)962-8300

LIMITED LIABILITY COMPANY

Ardmoor LLC

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

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Ardmoor LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Daniela Balan
(Name of Person)

Legalzoom.com, Inc.
(Firm/Company)

7083 Hollywood Blvd., Suite 180
(Address)

Los Angeles, CA 90028
(City/State and Zip Code)

For further information concerning this matter, please call:

Daniela Balan at (323) 962-8600 x 218
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input checked="" type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|---|--|---|

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Ardmoor LLC

ARTICLE II - Address:

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

Principal Office Address:

1601 North View Drive
Miami Beach, FL 33140

Mailing Address:

1601 North View Drive
Miami Beach, FL 33140

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

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

Phillip E. Walker

Name

1601 North View Drive

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

Miami Beach, FL 33140

FL

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..

Phillip E. Walker

Registered Agent's Signature

(CONTINUED)

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Bernhardt Peter Gold Harig Trust u/a/d September 17, 1997
1601 North View Drive
Miami Beach, FL 33140

MGRM

Phillip E. Walker Trust u/a/d February 23, 1995 as amended and restated
1601 North View Drive
Miami Beach, FL 33140

(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 607.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Typed or printed name of signee

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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