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## Florida Department of State

Division of Corporations Public Access System

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To:

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

From:

Account Name : FIELDSTONE LESTER SHEAR & DENBERG
Account Number : 119990000180
Phone : (305) 357-5775
Fax Number : (305) 357-5534

# FLORIDA/FOREIGN LIMITED LIABILITY CO.

### UV#TA VILLAGE HOLDINGS, LLC

		Certificate of Status 0 Certified Copy 1	- ·- · · · - · · · · · · · · · · · · ·
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#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### **ARTICLE 1 - Name:**

The name of the Limited Liability Company is:

UVITA VILLAGE HOLIDNGS, LLC

#### **ARTICLE II - Address:**

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

887 N. SHORE DRIVE MIAMI BEACH, FLORIDA 33141

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

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

MICHAEL J. ROSENBAUM FIELDSTONE LESTER SHEAR & DENBERG, LLP Name

> 201Alhambra Circle, Ste 601 Florida street address (P.O. Box NOT acceptable)

> > Coral Gables, Florida 33134 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 previsions of all statutes relating to the proper and complete performance of my duties, and I am temiliar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.

Article IV - Management:

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

sjéred Agent's Signature

(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.)

MICHAEL J. ROSENBAUM, Authorized Representative

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