Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H06000020550 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)205-0383

From:

Account Name

: C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

: (850)222-1092

Fax Number

: (850)878~5926

FLORIDA/FOREIGN LIMITED LIABILITY CO.

APA Emerson @ Indrio LLC

| Certificate of Status | 1 |
|-----------------------|----------|
| Certified Copy | 0 |
| Page Count | 03 |
| Estimated Charge | \$130.00 |

Electronic Filing Menu

Corporate Filing Menu



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Comp | 3811V is: |
|--|---|
| | |
| APA EMERSON @ INDRIO | LLC |
| ARTICLE II - Address: | |
| | of the principal office of the Limited Liability Company is: |
| Principal Office Address: | Mailing Address: |
| 1400 NW 107th Avenue | 1400 NW 107th Avenue |
| MIAMI, FLORIDA 33172 | MIAMI, FLORIDA 33172 |
| A TOTAL TO SEE TO A SECOND TO SECOND TO SECOND TO SEE TO SECOND TO | 2-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1 |
| ARTICLE III - Registered Agent, Reg | istered Office, & Registered Agent's Signature: |
| The name and the Florida street address | of the registered agent are: |
| сто | Corporation System |
| | Name |
| 1200 So | uth Pine Island Road |
| Florida s | treet address (P.O. Box NOT acceptable) |
| ······································ | sion, Florida 33324 |
| City | r, State, and Zip |
| liability company at the place designate registered agent and agree to act in this constantes relating to the proper and comp | and to accept service of process for the above stated limited used in this certificate, I hereby accept the appointment as capacity. I further agree to comply with the provisions of all polete performance of my duties, and I am familiar with and as registered agent as provided for in Chapter 608, F.S |
| Conie | Corporation System |
| Registe | ered Agent's Signature |
| | O6 JA |

(CONTINUED)

Page 1 of 2

FU0S2 - 10/12/04 CT System Collect

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

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

| <u>Title:</u> "MGR" = Manager "MGRM" = Managing Member | Name and Address: |
|--|---|
| MGRM | AP ADLER LAND PARTNERS LLC 1400 NW 107th Avenue Miami, Florida 33172 |
| | |
| | |
| (Use attachment if necessary) | |
| NOTE: An additional article must be: | added if an effective date is requested. |
| (In accordance with section of this document constitutes that the facts stated herein JONATHAN | an authorized representative of a member. 608.408(3) Florida Stanifes, the execution an affirmation under the penalties of perjury a are true.) Z. KURRY 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)

Page 2 of 2

SECHETALL OF STATE