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Florida Department of State
Division of Corporations
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

From: Account Name : TRIAD PROFESSIONAL SERVICES, LLC
Account Number : I20020000094
Phone : (770)777-2091
Fax Number : (770)220-1943

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DIVISION OF CORPORATION

FLORIDA/FOREIGN LIMITED LIABILITY CO.

55 West Wacker Holding, LLC

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

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ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

55 West Wacker Holding, LLC

ARTICLE II - Address:

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

Principal Office Address:

c/o Cape Horn Group, LLC
1680 Michigan Avenue, Suite 730
Miami Beach, Florida 33139

Mailing Address:

c/o Cape Horn Group, LLC
1880 Michigan Avenue, Suite 730
Miami Beach, Florida 33139

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

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

NRAI Services, Inc.
Name
2731 Executive Park Drive, Suite 4
Florida street address (P.O. Box NOT acceptable)
Weston FLORIDA 33331
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, Florida Statutes.

NRAI Services, Inc.
By: [Signature]
Registered Agent's Signature

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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:

MGR	55 Management, LLC 1680 Michigan Avenue, Suite 730 Miami Beach, Florida 33139
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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TALLAHASSEE, FLORIDA

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(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 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. Baum, Authorized Representative

Typed or printed name of signee

- 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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