Electronic Filing Cover Sheet

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Division of Corporations

Fax Number

: (850)205-0383

From:

Account Name

: BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.

Account Number : 075350000353

: (212)431-5000

Fax Number

: (212)431-1441 ...

FLORIDA/FOREIGN LIMITED LIABILITY CO.

170 PH Associates LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

170 PH Associa	rtes LL'C		,
ARTICLE II The mailing ac		e principal office of the Limited Liability Comp	any is:
Principal Offi	ce Address:	Mailing Address:	المرام
c/o Bosoni, 142 Miami, Florida 3	5 Brickell Avenue, Apt. 56E 3131	c/o Bosoni, 1425 Brickell Avenue, Apt. 56E Miami, Florida 33131	The second secon
ARTICLE III	- Registered Agent, Registe	red Office, & Registered Agent's Signature:	NISION C
The name and	the Florida street address of the	he registered agent are:	23 62
	Alexandre Bosoni	arhe	AH ORPOR
	1425 Brickell Avenue, Apt.	58E	8: 57
	• •	t address (P.O. Box <u>NOT</u> acceptable)	
	Miami, Florida 33131	•	•

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 difficulties; and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.



City, State, and Zip

(CONTINUED)

Page 1 of 2

Fax:888-692-9256

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

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

MGRM	Alexandre Bosoni
	1425 Brickell Avenue, Apt. 58E Miami, Florida 33131
MGRM	Mana Bosoni
•	1425 Brickell Avenue, Apt. 56
	Miami, Florida 33131
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A Maria	
e a marka , trade trade to the state of the	
(Use attachment if necessary)	specificate at the state of the specific and the state of
NOTE: An additional article mu	ast be added if an effective date is requested.

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.)

JUSTIN T. REED, Organizor

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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