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COVER LETTER

Division of Corp				
SUBJECT: CCI 15	12 UNIT 303, LL	_C		
(Name of Limited Liability Company)				
The enclosed Articles of C	Organization and fee(s) are	submitted for fili	ing.	
Please return all correspon	dence concerning this ma	tter to the following	ng:	
Laurin Seide	en			
		(Name of Person)		
	<u></u>	(Firm/Company)		
407 ;	Daniel Oute 40			
407 Lincoin	Road, Suite 12.	(Address)		
Miami Beac	h, FL 33139	(. tualess)		
	(Ci	ty/State and Zip Co	de)	
For further information cor	ncerning this matter, pleas	e call:		
Laurin Seiden	•	_ _{at (} _305	, 672-78	86
(Name of	Person)	(Area Co	ode & Daytime T	elephone Number)
Enclosed is a check for t	he following amount:			
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Fili Certified C (additional co		\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
1	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registra Division Clifton 2661 Ex	Courier Address ation Section n of Corporation Building Accutive Center Ssee, FL 32301	ons r Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
CCI 1512 UNIT 303, LLC (Must end with the words "Limited Liabil	lity Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the pr	rincipal office of the Limited Liability Company is	
Principal Office Address:	Mailing Address:	
407 Lincoln Road, Suite 12J Miami Beach, FL 33139	407 Lincoln Road, Suite 12J Miami Beach, FL 33139	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.) The name and the Florida street address of the relation Laurin Seiden	tered Agent. You must designate an individual or another	
Name		
407 Lincoln Road, S Florida street add Miami Beach 33139 City, State, a	iress (P.O. Box <u>NOT</u> acceptable) FL	
liability company at the place designated in t registered agent and agree to act in this capacity statutes relating to the proper and complete pe	accept service of process for the above stated limited his certificate, I hereby accept the appointment as y. I further agree to comply with the provisions of all rformance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S	

(CONTINUED)
Page 1 of 2

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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:		Name and Address:
"MGR" = Manag "MGRM" = Man		
WORW - Wall	aging Memoer	
MGR		LAURIN SEIDEN
		407 Lincoln Road, Suite 12J
		Miami Beach, FL 33139
` MGR		RYAN FREEDMAN
	_	407 Lincoln Road, Suite 12J
		Miami Beach, FL 33139
<u> </u>		
		
(Use attachment i	f necessary)	
ADTICLE V. Effective d	lota ::	(OPTIONAL)
		te of filing: (OPTIONAL) pecific and cannot be more than five business days prior
to or 90 days after the da		pecine and cannot be more than five business days prior
,	··· •2 B -)	
DE0111D== 010		
<u>REQUIRED</u> SIG	NATURE:	2000
		5 5 500
		1016
	Signature of a member o	r an authorized representative of a member.
	(In accordance with section of this document constitute that the facts stated here	on 608.408(3), Florida Statutes, the execution es an affirmation under the penalties of perjury in are true.)
	Laurin Seiden	
	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)