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Certified Copies	_ Certificates	of Status			
Special Instructions to Filing Officer:					
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SECRETARY OF STATE
SECRETARY OF STATE

## **COVER LETTER**

TO: Registration Section Division of Corporations				
SUBJECT: 2250 South 30 Avenue, LLC (Name of Limited Liability Company)				
Please return all correspondence concerning th	South 30 Avenue, LLC (Name of Limited Liability Company)  f Organization and fee(s) are submitted for filing. condence concerning this matter to the following:  ahn (Name of Person)  Cahn, PA  (Firm/Company)  exel Ave., #200  (Address)  each, FL 33139  (City/State and Zip Code)  concerning this matter, please call:  at 305 672-0469 of Person)  of the following amount:			
Robert Kahn				
	(Name of Person)			
Robert Kahn, PA	·			
	(Firm/Company)			
1655 Drexel Ave., #2				
,	(Address)			
Miami Beach, FL 33				
(City/State and Zip Code)				
For further information concerning this matter,	please call:			
Robert Kahn	obert Kahn at 305 672-0469			
(Name of Person)	(Area Code & Daytime Telephone Number)			
Enclosed is a check for the following amou	int:			
	us Certified Copy Certificate of Status & Certified Copy  (additional copy is enclosed) Certified Copy			
Registration Section Division of Corpora P.O. Box 6327	Registration Section tions Division of Corporations Clifton Building 14 2661 Executive Center Circle			

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### **ARTICLE I - Name:**

The name of the Limited Liability Company is:

## 2250 South 30 Avenue, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

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

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

#### **Principal Office Address: Mailing Address:** 2250 S. 30 Ave. 8300 Biscayne Blvd. Miramar, FL 33023 Miami, FL 33138

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or anothe business entity with an active Florida registration.)

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

Robert Kahn Name

1655 Drexel Ave., #200

Florida street address (P.O. Box NOT acceptable)

Miami Beach, FL 33139
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, F.S.,

(CONTINUED) Page 1 of 2

## **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" = Mana "MGRM" = Ma	ager anaging Member		
MGR		WILLIAM D. BAILEY, JR.	
		8300 BISCAYEN BLVD.	
		MIAMI, FL 33138	
<u></u>			
(Use attachmen	t if necessary)		
RTICLE V: Effective	e date, if other than the da	ate of filing: (	OPTIONAL)
f an effective date is l or 90 days after the o	isted, the date must be s	pecific and cannot be more than five bu	siness days prior
or youngs much the	uace of fining.)		
REQUIRED S	IGNATURE:		OB!
	11 4005	$\sum_{i}$	FEB- CRET
	Signature of a member of	or in authorized representative of a member.	TARY HASSE
		on 608.408(3), Florida Statutes, the execution	A ST
	of this document constitute that the facts stated here	tes an affirmation under the penalties of perjury	AM IO: 43 SEE FLORIDA
	WILLIAM D.	BAILEY, JR.	Þ

Filing Fees:

S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
S 30.00 Certified Copy (Optional)
S 5.00 Certificate of Status (Optional)

Typed or printed name of signee