

Division of Corporations

FAX AUDIT NO. H080001562353

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L080000061136

Florida Department of State
Division of Corporations
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From:

Account Name : MICHAEL J. FREEMAN, P.A.
Account Number : 072720000142
Phone : (305) 442-1567
Fax Number : (305) 442-1227

2008 JUN 23 A 8:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA/FOREIGN LIMITED LIABILITY CO.

PH1 SPEAR CONDOMINIUM LLC

A. LUNT

JUN 24 2008

EXAMINER

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MICHAEL J. FREEMAN, P.A.

Jun 23, 2008 1:55PM

6/20/2008



June 23, 2008

FLORIDA DEPARTMENT OF STATE
Division of Corporations

MICHAEL J. FREEMAN P.A.

SUBJECT: PH1 SPEAR CONDOMINIUM LLC
REF: W08000030113FILED
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Agnes Lunt
Regulatory Specialist IIFAX Aud. #: H08000156235
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

P.O. BOX 6327 - Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

PH1 SPEAR CONDOMINIUM LLC

ARTICLE II - Address:

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

Principal Office Address:	153 Sevilla Avenue Coral Gables, FL 33134	Mailing Address:	P.O. Box 140668 Coral Gables, FL 33114-0668
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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:

M.J. F. Registered Agent Corp.
Name

153 Sevilla Avenue
Florida Street Address (No P.O. Box)

Coral Gables, FL 33134
City, State, and Zipcode

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2009 JUN 23 A 8:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

Michael J. Freeman Pres
Registered Agent's Signature
(Michael J. Freeman, President)

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:

MGRM

Paolo Massi
77 Redcliffe Close
272 Old Brampton Road
London SW5 9HR UK

REQUIRED SIGNATURE:

Paulo Massi

Signature of a member or an authorized representative of a member
(In accordance with section 605.208(3), Florida Statutes, the execution of
this document constitutes an admission under the penalties of perjury that
the facts stated herein are true.)

PAULO MASSI

Type or print name of signer

Filing Fees:

\$125.00 Filing Fee for Articles of Organization & Designation of Registered Agent

\$30.00 Certified Copy (Optional)

\$5.00 Certificate of Status (Optional)

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