

L09000022832

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

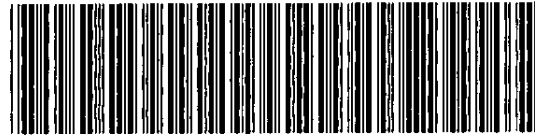
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900144914519

03/09/09--01008--007 **310.00

RECEIVED
09 MAR - 9 AM 10:34
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

B. KOHR

MAR - 9 2009

EXAMINER

FILED
09 MAR - 9 PM 2:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Knickerbocker 204 LLC

FILED
09 MAR -9 PM 2:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

- ☐ Art of Inc. File _____
- ☐ LTD Partnership File _____
- ☐ Foreign Corp. File _____
- ☒ L.C. File _____
- ☐ Fictitious Name File _____
- ☐ Trade/Service Mark _____
- ☐ Merger File _____
- ☐ Art. of Amend. File _____
- ☐ RA Resignation _____
- ☐ Dissolution / Withdrawal _____
- ☐ Annual Report / Reinstatement _____
- ☒ Cert. Copy _____
- ☐ Photo Copy _____
- ☐ Certificate of Good Standing _____
- ☐ Certificate of Status _____
- ☐ Certificate of Fictitious Name _____
- ☐ Corp Record Search _____
- ☐ Officer Search _____
- ☐ Fictitious Search _____
- ☐ Fictitious Owner Search _____
- ☐ Vehicle Search _____
- ☐ Driving Record _____
- ☐ UCC 1 or 3 File _____
- ☐ UCC 11 Search _____
- ☐ UCC 11 Retrieval _____
- ☐ Courier _____

Signature _____

Requested by: Seth 3/9 9:00
Name Date Time

Walk-In _____ Will Pick Up _____

**ARTICLES OF ORGANIZATION
OF
KNICKERBOCKER 204, LLC**

FILED
09 MAR -9 PM 2: 15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Each undersigned individual, being either a member or the authorized representative of a member, hereby presents these Articles of Organization to the Department of State of the State of Florida in accordance with Chapter 608, Florida Statutes, for the formation of a limited liability company under the laws of the State of Florida.

ARTICLE I

The name of the limited liability company (the "Company") is Knickerbocker 204, LLC.

ARTICLE II

Unless and until the Company is dissolved by the unanimous consent of the members or by law, the Company will exist in perpetuity from the date of the filing of these Articles with the Florida Department of State.

ARTICLE III

The mailing address and street address of the Company's principal business office is:

2828 Coral Way
Coral Gables, FL 33145

ARTICLE IV

The name of the initial registered agent and the street address of the initial registered office for service of process in the State of Florida are as follows. Attached to these Articles is a written statement from the registered agent as required by Florida Statute § 608.415.

Registered Agent

Address of Registered Office

Federico Olivieri

2828 Coral Way
Coral Gables, FL 33145

ARTICLE V

The business of the Company shall be managed by one or more members. The Company shall be a manager-managed Company. The address of each Manager is as follows:

"MGR" = Manager
"MGRM" = Managing Member

Title
MGR

Name and Address
Federico Olivieri
2828 Coral Way
Coral Gables, FL 33145

ARTICLE VI

The Company may exercise any powers, without limitation whatsoever, which a limited liability company may legally exercise under the laws of the State of Florida.

ARTICLE VII

The Company may indemnify any manager, member, officer, employee or agent of the Company to the fullest extent permitted by Florida law.

IN WITNESS WHEREOF, the undersigned authorized representative of the Company has hereunto executed these Articles of Organization this 6th day of March, 2009.



Federico Olivieri, Authorized Representative

ACCEPTANCE OF REGISTERED AGENT

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.

A handwritten signature in black ink, appearing to read 'Federico Olivieri', written over a horizontal line.

FEDERICO OLIVIERI