

L 110000070940

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

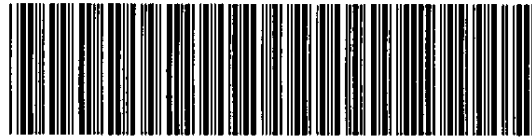
Special Instructions to Filing Officer:

Office Use Only

B. KOHR

JUN 17 2011

EXAMINER



400208931824

06/17/11--01019--022 **155.00

RECEIVED

11 JUN 17 PM 1:29

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED

SECRETARY OF STATE
DIVISION OF CORPORATIONS

11 JUN 17 PM 3:00

CORP DIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 JUN 17 PM 3:00

CONTACT: KATIE WONSCH

DATE: 06/17/2011

REF. #: 000589.149864

CORP. NAME: 12TH AVENUE MANAGER LLC

- | | | |
|--|---|---|
| ☐ ARTICLES OF INCORPORATION | ☐ ARTICLES OF AMENDMENT | ☐ ARTICLES OF DISSOLUTION |
| ☐ ANNUAL REPORT | ☐ TRADEMARK/SERVICE MARK | ☐ FICTITIOUS NAME |
| ☐ FOREIGN QUALIFICATION | ☐ LIMITED PARTNERSHIP | ☒ LIMITED LIABILITY |
| ☐ REINSTATEMENT | ☐ MERGER | ☐ WITHDRAWAL |
| ☐ CERTIFICATE OF CANCELLATION | | |
| ☐ OTHER: | | |

STATE FEES PREPAID WITH CHECK# 540261 FOR \$ 155.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

- | | | |
|--|---|---|
| ☒ CERTIFIED COPY | ☐ CERTIFICATE OF GOOD STANDING | ☐ PLAIN STAMPED COPY |
| ☐ CERTIFICATE OF STATUS | | |

Examiner's Initials

**ARTICLES OF ORGANIZATION
FOR FLORIDA LIMITED LIABILITY COMPANY**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 JUN 17 PM 3:00

ARTICLE I - - Name:

The name of the Limited Liability Company is: 12th Avenue Manager LLC

ARTICLE II - - Address:

The mailing address and street address of the principal office of the Limited Liability Company is: 848 Brickell Avenue, Suite 200, Miami, Florida 33131

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

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

David M. Arditi
848 Brickell Avenue, Suite 200
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 duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.

/s/David Arditi
Registered Agent's Signature

ARTICLE IV - - Duration

The period of duration for the Limited Liability Company shall be perpetual.

ARTICLE V - - Management (Check box if applicable)

☒ The Limited Liability Company is to be managed by one manager or more managers and is therefore, a manager - managed company.

The following person is to act as the initial manager of the Company until his successors are elected and qualify:

David Arditi 848 Brickell Avenue, Suite 200
Miami, Florida 33131

ARTICLE VI - - Continuation of the Company.

The death, retirement, insanity, withdrawal, bankruptcy, dissolution, insolvency, termination or liquidation of a member, or the making by a member of an assignment for the benefit of creditors, or any other event which terminate the continued membership of a member in the company shall not cause a dissolution of the Company and the Company shall continue in accordance with the terms of its Operating Agreement.

ARTICLE VII - - Emergency Regulations

Notwithstanding Fla. Sta. §608423(2), the managers of the Company shall not have the power to adopt emergency regulations.

/s/David Arditi
David Arditi, Member

(In accordance with §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.)