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| (Requestor's Name) |
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| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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TO:

Registration Section

| Division of Corporations | | |
|---|--|---|
| SUBJECT: CAM AND CAY MIAM | , LLC | |
| | ed Liability Company | |
| The enclosed Articles of Organization and fee(s) are | submitted for filing. | |
| Please return all correspondence concerning this mat | er to the following: | |
| RICHARD N. KRINZMAN | · · · · · · · · · · · · · · · · · · · | |
| | Name of Person | |
| KRINZMAN HUSS & LUB | ETSKY | |
| | Firm/Company | |
| 800 Brickell Avenue Suite | 501 | |
| | Address | · · · · · · · · · · · · · · · · · · · |
| Miami, Florida 33131 | | |
| | /State and Zip Code | |
| rnk@khllaw.com | | |
| | or future annual report notification) | |
| For further information concerning this matter, please | call: | |
| Richard N. Krinzman, Esq | at (305 854-9700 | |
| Name of Person | Area Code & Daytime Tele | ephone Number |
| Enclosed is a check for the following amount: | | _ |
| \$125.00 Filing Fee \(\times\)\$130.00 Filing Fee & Certificate of Status | \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) | \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center (Tallahassee, FL 32301 | s |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| | ~~ | - | - | T T | |
|-----|----|-----|---|------------|----|
| ART | | /H) | - | Name | e: |

The name of the Limited Liability Company is:

CAM AND CAY MIAMI, 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: | - |
|--|--|--------------|
| c/o The Company Real Estate | c/o The Company Real Estate |) |
| 350 Sevilla Avenue #103 | 350 Sevilla Avenue #103 | |
| Coral Gables, Florida 33134 | Coral Gables, Florida 33134 | |
| ARTICLE III - Registered Agent, Registered Limited Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of Richard N. Krinzmann Richard | n Registered Agent. You must designate an individ f the registered agent are: nan, Esq | |
| | Name | T 🗲 🛱 |
| 800 Brickell A | venue Suite 1501 | 3:38 |
| Florida str | reet address (P.O. Box NOT acceptable) | 25 38 |
| Miami | _{FL} 33131 | ⊅ |
| C | 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..

Registered Agent's Signature (REQUIRED)

(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: "MGR" = Manager "MGRM" = Managing Member | Name and Address: |
|---|--|
| MGR | Memphis South Florida Management, Inc. |
| MOIX | c/o The Company Real Estate |
| | 350 Sevilla Avenue #103, Coral Gables, FI 33134 |
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| (Use attachment if necessary) | |
| MCU E V. ECC. direction data is a discontinuo | (OPTIONAL) |
| ICLE V: Effective date, if other than it | the date of filing: (OPTIONAL) |
| 90 days after the date of filing.) | t be specific and cannot be more than five business days |
| you day's arter the date of ming. | |
| REQUIRED SIGNATURE: | |
| | |
| | |
| | nber or an authorized representative of a member. Refusions |
| Signature of a men | nber or an authorized representative of a member. |
| (In accordance with section of | 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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

RICHARD N. KRINZMAN, ESQ

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)