

**L120000073952**

## Florida Department of State

Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696**FILED**  
**12 JAN -9 AM 8:15**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**FLORIDA LIMITED LIABILITY CO.**  
**NEW 406 REALTY, LLC**

Certificate of Status	0
Certified Copy	1
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ARTICLES OF ORGANIZATION FOR 12 JAN -9 AM 8:15  
FLORIDA LIMITED LIABILITY COMPANY OF

NEW 406 REALTY, LLC

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLE I

The me of the Limited Liability Company shall:

NEW 406 REALTY, LLC

ARTICLE II

The Company is organized for any legal and lawful purpose for which a limited liability company may be organized pursuant to the Act.

ARTICLE III

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

20 ISLAND AVENUE #406  
MIAMI BEACH, FL 33139

ARTICLE IV

The Company shall commence business on: JANUARY9, 2012.

ARTICLE V

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

ANTONIO CIOFFI  
20 ISLAND AVENUE #406  
MIAMI BEACH, FL 33139

ARTICLE VI

The name of the Managing Member(s) shall be:

MANAGING MEMBER  
ANTONIO CIOFFI  
20 ISLAND AVENUE #406  
MIAMI BEACH, FL 33139

MANAGING MEMBER  
STEFANO CIOFFI  
20 ISLAND AVENUE #406  
MIAMI BEACH, FL 33139

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CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED  
OFFICE/MEMBER/REPRESENTATIVE

NEW 406 REALTY, LLC

(Name of Company)

Having been named as registered agent and to accept service of process for the above stated Limited Liability Company at the place designated in the articles of organization, 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.

  
Registered Agent Antonio Cioffi

  
Signature of a member or an authorized representative of a member.

(In accordance with section 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.)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ANTONIO CIOFFI

Typed or printed name of signee

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