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(Requestor's Name)

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EXAMINER



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 369292 4302440

AUTHORIZATION

COST LIMIT \$ 130.

FILED
12 OCT -3 AM 10:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : October 3, 2012

ORDER TIME : 1:44 PM

ORDER NO. : 369292-005

CUSTOMER NO: 4302440

DOMESTIC FILING

NAME: APARTMENT A-403, 1800 ATLANTIC
BOULEVARD, LLC

EFFECTIVE DATE:

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: ~~Kimberly Moret~~ - EXT. 2948

Stephanie Milnes

EXAMINER'S INITIALS: 20

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Apartment A-403, 1800 Atlantic Boulevard, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Steve Semian, Esq.

Name of Person

Warshaw Burstein Cohen Schlesinger & Kuh, LLP

Firm/Company

555 Fifth Avenue

Address

New York, NY 10017

City/State and Zip Code

ssemian@wbcsk.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Steve Semian, Esq.

Name of Person

at (212) 984-7764

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☒ \$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 Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Apartment A-403, 1800 Atlantic Boulevard, 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:

1800 Atlantic Blvd.

Apartment C-241

Key West, FL 33040

Mailing Address:

1800 Atlantic Blvd.

Apartment C-241

Key West, FL 33040

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Thomas Rechsteiner

Name

1800 Atlantic Blvd, Apt. C-241

Florida street address (P.O. Box NOT acceptable)

Key West

FL 33040

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)

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 _____

Guenter Rechsteiner

1800 Atlantic Boulevard, Apartment A-401

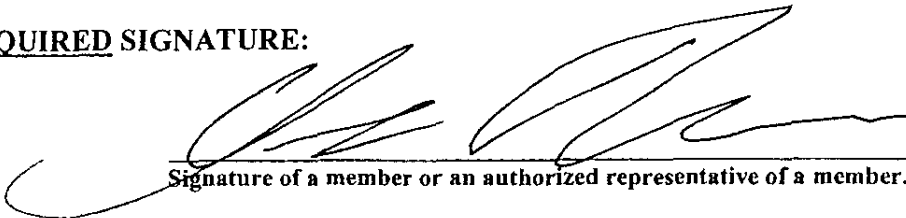
Key West, Florida 33040

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:


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. 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.)

Guenter Rechsteiner

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)

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