

L12000156835

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

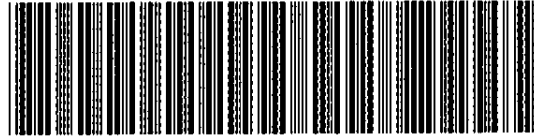
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300242683093

12/14/12--01012--029 **640.00

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2012 DEC 14 PM 2:09
NOT RETURNED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

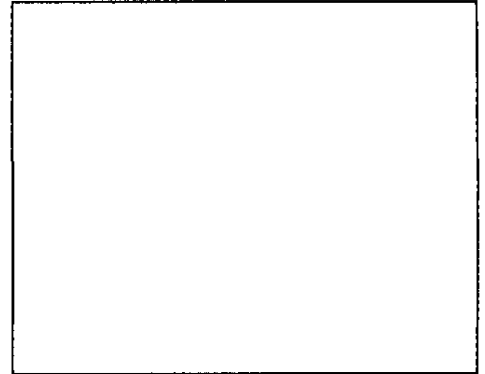
T. CLINE

DEC 17 2012

EXAMINER

FILED
2012 DEC 14 AM 9:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA RESEARCH & FILING SERVICES, INC.
1211 CIRCLE DRIVE
TALLAHASSEE, FL 32301
PHONE (850)364-8000



OFFICE USE ONLY

WALK-IN

ENTITY NAME:

840 W. FLAGLER ST, LLC

CK# 5925 FOR \$ 640.00 (\$160.00 for this filing)

PLEASE FILE THE ATTACHED ARTICLES & RETURN THE FOLLOWING:

CERTIFIED COPY

STAMPED COPY

CERTIFICATE OF STATUS

Examiner's Initials

2012 DEC 14 AM 9:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

ARTICLES OF ORGANIZATION OF
840 W. Flagler St., LLC

ARTICLE I
NAME

The name of this Limited Liability Company shall be 840 W. Flagler St., LLC (the "Company").

ARTICLE II
PRINCIPAL PLACE OF BUSINESS

The principal place of business of the Company shall be 752 West Flagler Street, Suite 105, Miami, FL 33130 and such other place or places as the members from time to time may determine. The mailing address of the Company is 752 West Flagler Street, Suite 105, Miami, FL 33130.


ARTICLE III
INITIAL REGISTERED OFFICE AND
REGISTERED AGENT

The initial registered agent of the Company shall be Atrium Registered Agents, Inc. The address of the initial registered agent is 1500 San Remo Avenue, Suite 125, Coral Gables, Florida 33146.

ARTICLE IV
MANAGEMENT

The Limited Liability Company is to be managed by one or more member and is, therefore, a member – managed company.

IN WITNESS WHEREOF, the undersigned has caused these Articles of Organization to be executed on the 14 day of December, 2012, effective upon filing same with the Florida Department of State.

840 W. Flagler St., LLC
BY: 
MARK R. STARKMAN
Authorized Representative

2012 DEC 14 AM 9:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

**CERTIFICATE OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT DESIGNATING ITS REGISTERED OFFICE AND REGISTERED AGENT IN FLORIDA.

1. The name of the limited liability company is:

840 W. Flagler St., LLC

2. The name and address of the registered agent and office is:

Atrium Registered Agents, Inc.
1500 San Remo Avenue, Suite 125
Coral Gables, Florida 33146

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..

ATRIUM REGISTERED AGENTS, INC.

By: _____


Mark R. Starkman, Vice President

Date: December 14, 2012

2012 DEC 14 AM 9:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED