

L13000042820

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

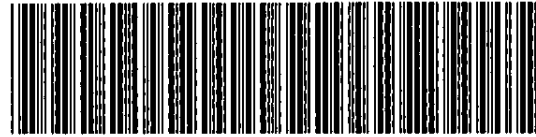
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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13 MAR 21 AM 8:45

MAR 22 2013

T. HAMPTON

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

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: RICKY SOTO

DATE: 03/21/2013

REF. #: 8710654

CORP. NAME: 2411 SW 147 AVENUE, LLC

- | | | |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input type="checkbox"/> OTHER: | | |

STATE FEES PREPAID WITH CHECK# 70000163 & 66 FOR \$ 155.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ **COST LIMIT: \$** _____

PLEASE RETURN:

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

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**ARTICLES OF ORGANIZATION
OF
2411 SW 147 AVENUE, LLC**

ARTICLE I: - Name

The name of the Limited Liability Company is **2411 SW 147 Avenue, LLC.**

ARTICLE II: - Address

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

**701 Southwest 27th Avenue
Suite 701
Miami, Florida 33135**

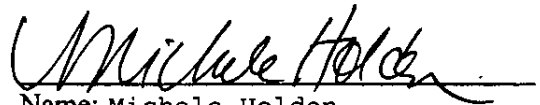
ARTICLE III: - Registered Agent, Registered Office, & Registered Agent's Signature

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

**NRAI Services, Inc.
1200 South Pine Island Road
Plantation, FL 33324**

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.

NRAI Services, Inc.



Name: Michele Holden
Title: Assistant Secretary

ARTICLE IV: - Management

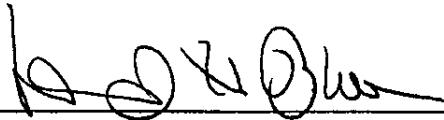
The Limited Liability Company is to be managed by one or more Managers and is, therefore, a manager-managed company.

ARTICLE V: - Managers

The name and address of the Manager is as follows:

MGR

2411 SW 147 Avenue Manager, LLC
701 Southwest 27th Avenue
Suite 701
Miami, Florida 33135



Leonard H. Bloom, 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.)

Leonard H. Bloom

Typed or printed name of signee

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