

43000057844

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

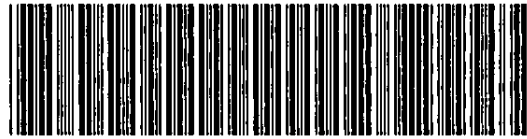
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
13 APR 18 PM 3:51
TALLAHASSEE, FLORIDA

APR 19 2013
D. BUTLER

(850) 245-6051.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: HIGHLAND PARK 2163, LLC

Name of Limited Liability Company

FILED
13 APR 18 PM 3:52
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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

Please return all correspondence concerning this matter to the following:

LUIS A PEREZ, ESQ

Name of Person

FROMBERG PERLOW & KORNIK, PA

Firm/Company

18901 NE 29TH AVENUE

Address

SUITE 100

City/State and Zip Code

AVENTURA, FL 33180

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

For further information concerning this matter, please call:

LUIS A PEREZ

Name of Person

at **(305) 933-2000**

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

HIGHLAND PARK 2163, 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:

7000 ISLAND DRIVE

APT 2306

AVENTURA, FL 33160

Mailing Address:

7000 ISLAND DRIVE

APT 2306

AVENTURA, FL 33160

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13 APR 18 PM 3:52
CLERK OF COUNTY OF DADE
MILWAUKEE, FLORIDA

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:

DADE COUNTY CORPORATE AGENTS, INC

Name

18901 NE 29TH AVENUE, SUITE 100

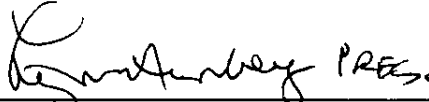
Florida street address (P.O. Box **NOT** acceptable)

AVENTURA, FL 33180

FL

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..

 PRES.

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:

MGR _____

LEONARD KRAUS
7000 ISLAND DRIVE, APT 2306
AVENTURA, FL 33160

MEMBER _____

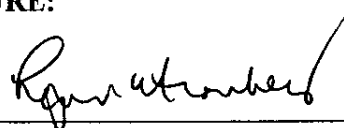
DIANNE KRAUS and LEONARD KRAUS, AS TENANTS BY THE ENTIRETIES
7000 ISLAND DRIVE APT 2306
AVENTURA, FL 33180

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: APRIL 17, 2013 (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.)

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13 APR 18 PM 2:52
STATE OF FLORIDA
TALLAHASSEE

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.)

LYNN W FROMBERG

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)