J <u>un. 18. 013.12:3</u>	Florida Department of State Division of Corporations Electronic Filing Cover Sheet	33 10
	print this page and use it as a cover sheet. Type the fax an wn below) on the top and bottom of all pages of the docume	
	(((H13000138235 3)))	
Note: DO NO	H130001382353ABC- DT hit the REFRESH/RELOAD button on your browser from Doing so will generate another cover sheet.	n this page.
To: From	Account Name : BUCHANAN INGERSOLL PROFESSIO Account Number : I20030000049 Phone : (305)347-4087 Fax Number : (305)347-4089	
	<pre>nail address for this business entity to be used eport mailings. Enter only one email address ple iress:</pre>	
RECEIVED 13 JUN 18 PM 34 18 SECRETARY OF STATE TALLAHASSEE, FLORIDA Electronic Lill	FLORIDA LIMITED LIABILITY CO. FAE Holdings 417449R, LLC Certificate of Status 0 Certified Copy 0 Page Count 04 Estimated Charge \$125.00	FILED 13 JUN 18 PH 4:52 SECRETARY OF STATE TALLAMASSEE, FLORIDA

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Jun. 18. 2013 12:34PM; Buchanan Ingersoll & Rooney LLP-



(850) 245-6051.

COVER LETTER

TO **Registration Section Division of Corporations**

FAE Holdings 417449R, LLC SUBJECT

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:

Richard N. Schermer, Esq.

Name of Person

Buchanan Ingersoll & Rooney PC

Firm/Company

19950 West Country Club Drive, Suite 101

Address

Aventura, Florida 33180

City/State and Zip Code

grodevelopment@aol.com

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

For further information concerning this matter, please call:

Richard N. Schermer

Name of Person

at (305) 933-5600 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 & Certifled 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

(((H13000138235 3)))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

FAE Holdings 417449R, LLC

(Must end with the words "Limited Liebility 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;	Mailing Address:
18205 Biscayne Boulevard	18205 Biscayne Boulevard
Suite 2202	Suite 2202
Aventura, FL 33160	Avenlura, FL 93160

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liebility 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:

Mario Grosfeld

Name

18205 Biscayne Boulevard, Sulle 2202

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

Aventura

FL City, State, and 21p

Having been nomed 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 ugent 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 abligations of my position as registered agent as provided for in Chapter 608, #35.

Registered Agont's Signature (11201) RBD)

(CONTINUED)

Puge I of 2



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ARTICLE IV- Manager(s) or Managing Member(s); The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member

MGR	First American Exchange Company, LLC, a De Laware limited	
·	560 South 300 East	liability company
	Sell Leko City, Uteh 84111	
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Name and Address:

(Use attachment if necessary)

ARTICLE V: Bifective 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:

KLEP

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

(in accordance with section 608.408(3), Florida Statutos, 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 \$.817.155, F.S.)

Mark A. Bullock, Lagal Counsel

Typed or printed name of signee

Filing Peas;

\$125,00 Filling Fee for Articles of Organization and Designation of Registered Agent
\$30.00 Certified Copy (Optional)
\$30.00 Certifients of Status (Optional)

Page 2 of 2

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