Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document,

(((H13000155643 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Numbor

(850) 617-6383

from:

: FOWLER WHITE BURNETT P.A. Account Name

Account Number : 071250001512 . Phone

Fax Number

: (305)789-9200 : (305)789-9201

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please **

fpal@fowler-white.com Email Address:

FLORIDA LIMITED LIABILITY CO. BAY HARBOR ISLAND I MANAGEMENT LLC

Certificate of Status	
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

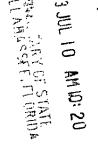
Help

Audit No. H 13000155643 3

ARTICLES OF ORGANIZATION

OF

BAY HARBOR ISLAND I MANAGEMENT LLC



ARTICLE I

The name of the limited liability company formed hereby is BAY HARBOR ISLAND I MANAGEMENT LLC (the "Limited Liability Company").

ARTICLE II

The duration of the Limited Liability Company shall be perpetual.

ARTICLE III

The principal office and mailing address of the Limited Liability Company shall be as follows:

1395 Brickell Avenue, 14th Floor Miami, Florida 33131

ARTICLE IV

The Registered Agent of the Limited Liability Company and his street address in the State of Florida are as follows:

Fabian A. Pal, Esq. 1395 Brickell Avenue, 14th Floor Miami, Florida 33131

Audit No. II13000155643 3

Audit No. H 13000155643 3

ARTICLE V

The Limited Liability Company shall be manager-managed.

Fabian/K. Pal,

as Authorized Representative of the Member

STATE OF FLORIDA

COUNTY OF MIAMI-DADE

BEFORE ME personally appeared Fabian A. Pal, as Authorized Representative of the Member,

Who is personally known to me, or □ who produced ______ as identification, to be the person who executed the foregoing Articles of Organization.

IN WITNESS WHEREOF I have hereunto set my hand and official scal this 1/4 day of

NOTARY PUBLIC-STATE OF FLORIDA Judith D. Rodman Commission # DD921378 OCT, 18, 2013 Expires: BONEKO TRRU ATLANTIC BONDING CO., INC.

My Commission expires:

Audit No. H13000155643 3

CERTIFICATE OF DESIGNATION OF RESIDENT AGENT

AND ACCEPTANCE OF DESIGNATION

Pursuant to the provisions of Section 608.415, Florida Statutes, the undersigned limited liability company organized under the laws of the state of Florida, submits the following statement in designating its Registered Office and Registered Agent in the State of Florida:

- 1. The name of the limited liability company is BAY HARBOR ISLAND I MANAGEMENT LLC.
 - 2. The name and address of the Registered Agent and Office is:

Fabian A. Pal, Esq. 1395 Brickell Avenue, 14th Floor Miami, Florida 33131

Having been named as Registered Agent and to accept service of process for the above stated limited liability company at the place designated in the 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 am familiar with and accept the obligations of my position as Registered Agent,

Fabian A. Pal, Registered Agent

Duter

BAY HARBOR ISLAND I MANAGEMENT LLC

By:

Labian A. Pal,

as Authorized Representative

of the Member

Audit No. H 13000155643 3

W:\86012\ARTORG10-JDR.docx{7/11/13-11:24}