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PICK-UP	☐ WAIT	MAIL
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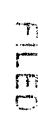


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ACCOUNT NO. : 12000000195 765871 7-7.692200 REFERENCE : AUTHORIZATION : COST LIMIT : \$ 125.00 ORDER DATE: August 15, 2013 ORDER TIME : 5:10 PM ORDER NO. : 765871-005 CUSTOMER NO: 7692200 DOMESTIC FILING 1802 BAL HARBOUR, LLC NAME: EFFECTIVE DATE: ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP ARTICLES OF ORGANIZATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: \_ CERTIFIED COPY XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - EXT. 52956

EXAMINER'S INITIALS:

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is	<b>::</b>
1802 Bal Harbour, LLC	
(Must end with the words "Limited Liab	oility Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the p	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
4600 Biscayne Boulevard North Miami Beach, Florida 33181	North Miami Beach, Florida 33181
The Limited Liability Company cannot serve as its own Regional business entity with an active Florida registration.)  The name and the Florida street address of the Orly Alexander	
Name	e
14600 Biscayne Boulevard Florida street ac	idress (P.O. Box NOT acceptable)
North Miami Beach City, S	FL 33181 state, and Zip
liability company at the place designated in registered agent and agree to act in this capaci statutes relating to the proper and complete p	this certificate, I hereby accept the above stated limited this certificate, I hereby accept the appointment as ity. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and instered agent as provided for in Chapter 608, F.S

(CONTINUED)

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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:

Title:	
	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	
MGRM	Shlomy Alexander
	14600 Biscayne Boulevard
	North Miami Beach, Florida 33181
	The state of the s
MGRM	Gil Neuman
	14600 Biscayne Boulevard
	North Miami Beach, Florida 33181
	944-779-14-784-78-98-98-98-98-98-98-98-98-98-98-98-98-98
	# <del>************************************</del>
(Use attachment if necessary)	
CLE V: Effective date, if other than t	the date of filing: (OPTIONAL to be specific and cannot be more than five business days
CLE V: Effective date, if other than t effective date is listed, the date must	the date of filing: (OPTIONAL to be specific and cannot be more than five business days
CLE V: Effective date, if other than t effective date is listed, the date must 0 days after the date of filing.)	he date of filing: (OPTIONAL to be specific and cannot be more than five business days
CLE V: Effective date, if other than t effective date is listed, the date must 00 days after the date of filing.)	the date of filing: (OPTIONAL) to be specific and cannot be more than five business days
CLE V: Effective date, if other than t effective date is listed, the date must 00 days after the date of filing.)  REQUIRED SIGNATURE:	t be specific and cannot be more than five business days
CLE V: Effective date, if other than t effective date is listed, the date must 00 days after the date of filing.)  REQUIRED SIGNATURE:	t be specific and cannot be more than five business days  the specific and cannot be more than five business days  the specific and cannot be more than five business days  the specific and cannot be more than five business days  the specific and cannot be more than five business days  the specific and cannot be more than five business days
CLE V: Effective date, if other than the effective date is listed, the date must be days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a memory of	t be specific and cannot be more than five business days
CLE V: Effective date, if other than the effective date is listed, the date must be days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a memory of	t be specific and cannot be more than five business days  Ther or an authorized representative of a member.  508.408(3), Florida Statutes, the execution of this document of the penalties of perjury that the facts stated herein are true. Formation submitted in a document to the Department of State

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

SECRETARY DE STATE