Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.

Account Number: 075350000353

Phone : (800)221-2972 Fax Number : (888)692-9256

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

Email Address:

FLORIDA LIMITED LIABILITY CO. 1601 South Oceana Bal Harbour, LLC

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October 22, 2013

FLORIDA DEPARTMENT OF STATE
Division of Comorations

BLUMBERG/EXCELSIOR

SUBJECT: 1601 SOUTH OCEANA BAL HARBOUR, LLC

REF: W13000056322

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

PAGE 1 of the Articles is not legible.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming an annuary, which is merely weeks away. By listing an effective date of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing teat on until the following calendar year.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Neysa Culligan Regulatory Specialist II FAX Aud. #: H13000233044 Letter Number: 613A00024568

P.O BOX 6327 - Tallahassee, Florida 32314

RECEIVED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

From:

ARTICLE I - Name:		
The name of the Limited Liability Com	ipany is:	
1601 South Oceana Bal Harbour, LLC	Selving C. But C. B. Brit C. B.	
(Must end with the words "Lin	mited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address	of the principal office of the Limited Liabili	ty Company is:
Principal Office Address:	Mailing Address:	
500 Fifth Ave, Suite 1610	500 Fifth Ave, Suite 1610	
New York, NY 10110	New York, NY 10110	
ARTICLE III - Registered Agent, Re (The Limited Liability Company cannot serve as its business entity with an active Florida registration.) The name and the Florida street addres	•	or another
BLUMBERGEXCELSIC	OR CORPORATE SERVICES, INC. Name	
155 Office Plaza Drive,		22 公别 公别
	a street address (P.O. Box NOT acceptable)	
TALLAHA:		
	City, State, and Zip	
liability company at the place design registered agent and agree to act in the all statutes relating to the proper and and accept the obligations of my post Asst. Secri	nt and to accept service of process for the about the interest in this certificate, I hereby accept the about this capacity. I further agree to comply with the disconnection of my duties, and I although the performance of my duties. The performance of my duties are the performance of my duties are the performance of my duties. The performance of my duties are the about the	ppointment as he provisions of m familiar with
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