

L130000152055

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

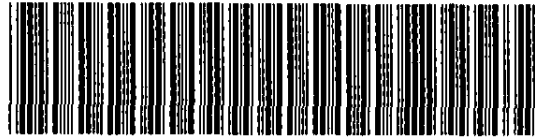
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OFFICE OF THE CLERK
DEPARTMENT OF STATE

J. SAULSBERRY
EXAMINER
OCT 29 2013

CORPDIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-23

CONTACT: Kim Weidenbach

DATE: 10/28/13

REF. #: 8939110

CORP. NAME: 8701 COLLINS AVENUE, LLC

2013 OCT 28 AM 9:13
STATE

- | | | |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input type="checkbox"/> OTHER: | | |

STATE FEES PREPAID WITH CHECK# 70008956 FOR \$ 125.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

- | | | |
|--|---|--|
| <input type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input checked="" type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

ARTICLES OF ORGANIZATION

8701 COLLINS AVENUE, LLC,
a Florida limited liability company

ARTICLE I NAME

The business and affairs of the Limited Liability Company shall be conducted under the name of:

8701 COLLINS AVENUE, LLC

ARTICLE II PRINCIPAL OFFICE

The street address and the mailing address of the principal place of business of the Limited Liability Company within the State of Florida shall be:

2665 S. Bayshore Dr.
Suite 1020
Coconut Grove, FL 33133

ARTICLE III INITIAL REGISTERED AGENT/OFFICE

The registered office of the Limited Liability Company and its initial registered agent shall be:

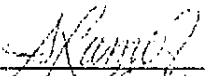
Brian Pearl
2665 S. Bayshore Dr.
Suite 1020
Coconut Grove, FL 33133


ARTICLE IV MANAGEMENT

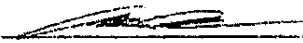
The Company is a manager-managed limited liability company for purposes of the Florida Limited Liability Company Act and its manager(s) shall be appointed and serve in accordance with the terms and conditions set forth in the Company's operating agreement, as the same may be amended from time to time.

24th IN WITNESS WHEREOF, these Articles of Organization have been executed as of the
day of October, 2013.

WITNESSES:


Print Name Sandra Ramos


Brian Pearl


Print Name Adam Adler

"AUTHORIZED REPRESENTATIVE"

2013 OCT 28 AM 9:13
FBI - NEW YORK
FBI - NEW YORK

CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 608.415 of the Florida Statutes, the undersigned Limited Liability Company submits the following statement to designate a registered office and registered agent in the State of Florida.

1. The name of the Limited Liability Company is:

8701 COLLINS AVENUE, LLC
2. The name and the Florida street address of the registered agent are:

Brian Pearl
2665 S. Bayshore Dr.
Suite 1020
Coconut Grove, FL 33133

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CLERK OF COURT
JUDICIAL CIRCUIT IN AND FOR
DADE COUNTY, FLORIDA
TALLAHASSEE

Having been named 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Date: 10-24-13



Brian Pearl

"REGISTERED AGENT"