

L13000165357

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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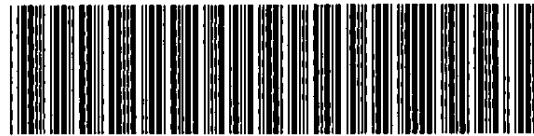
(Business Entity Name)

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FILED
13 NOV 25 PM 1:33
SECRETARY OF STATE
FALL ARIZONA, ARIZONA

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

FILING COVER SHEET
ACCT. #FCA-23

CONTACT: KATIE WONSCH

DATE: 11/25/2013

REF. #: 7333568.8970526

CORP. NAME: GEOMETRIC PROPERTIES, LLC

- | | | |
|--|---|---|
| <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# 70010342 FOR \$ 155.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ **COST LIMIT: \$**_____

PLEASE RETURN:

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

Examiner's Initials

**ARTICLES OF ORGANIZATION
OF
GEOMETRIC PROPERTIES, LLC**

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TALLAHASSEE, FLORIDA

ARTICLE I: - Name

The name of the Limited Liability Company is: **GEOMETRIC PROPERTIES, LLC**

ARTICLE II: - Address

The mailing address and street address of the principal office of the Limited Liability Company is:

c/o Augusto E. Maxwell
One S.E. Third Avenue
25th Floor
Miami, Florida 33131

ARTICLE III: - Registered Agent, Registered Office, & Registered Agent's Signature

The name and the Florida street address of the registered agent are:

NRAI Services, Inc.
1200 South Pine Island Road
Plantation, Florida 33324

Having been named 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 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 I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.

NRAI Services, Inc., Registered Agent

By: Katie Wonsch
Name: Katie Wonsch
Title: Assistant Secretary

ARTICLE IV: - Management

The Limited Liability Company is to be managed by one or more Managers and is, therefore, a manager - managed company.

ARTICLE V: - Manager

The name and address of the Manager is as follows:

MRG Andrew Simon
 c/o Augusto E. Maxwell
 One S.E. Third Avenue
 25th Floor
 Miami, Florida 33131

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization on November 25, 2013.



Martin G. Burkett, Authorized Signer

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Martin G. Burkett

Typed or printed name of signee

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TALLAHASSEE, FLORIDA