

L14 000002695

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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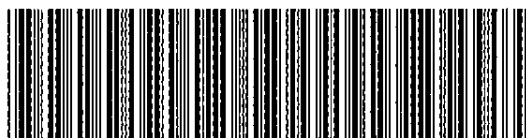
(Business Entity Name)

(Document Number)

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14 JAN -3 PM 4:27
DIVISION OF STATE OF ARIZONA

JAN - 6 2014

T CLINE

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

FILING COVER SHEET
ACCT. #FCA-23

CONTACT: RICKY SOTO

DATE: 01/03/2014

REF. #: 9010842

CORP. NAME: 8368 N.W. 56 STREET, 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# 10000563 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

2014 JAN -3 AM 9:46

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 6, 2014

CORPDIRECT AGENTS, INC.
RICKY SOTO

SUBJECT: 8368 N.W. 56 STREET, LLC
Ref. Number: W14000000686

PLEASE GIVE ORIGINAL SUBMISSION
DATE AS FILE DATE

1/3/14

We have received your document for 8368 N.W. 56 STREET, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes. The proper form is enclosed for your convenience.

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

Letter Number: 714A00000230

2014 JAN -3 AM 9:45

PLEASE GIVE ORIGINAL SUBMISSION
DATE AS FILE DATE

1/3/14

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**ARTICLES OF ORGANIZATION
OF
8368 N.W. 56 STREET, LLC**

**ARTICLE I
NAME**

The name of the limited liability company (the "Company") is:

8368 N.W. 56 STREET, LLC

**ARTICLE II
ADDRESS**

The mailing address and street address of the principal office of the Company are:

8368 N.W. 56 Street, LLC
c/o Jack Thomas, Inc.
25 SW 2nd Avenue
Miami, FL 33130
Attn: Henry R. Block

**ARTICLE III
INITIAL REGISTERED OFFICE AND AGENT**

The name and street address of the Company's initial registered agent are:

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

[Signature(s) on following page(s).]

2014 JUN -3 AM 9:45
10-11-14

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization as of

January 6, 2014.

By: 

Name: Daniel P. Faust

Title: Authorized Representative

2014 JAN -3 AM 9:46

2014 JAN -3 AM 9:46

**CERTIFICATE OF ACCEPTANCE BY
REGISTERED AGENT**

Pursuant to the provisions of the Florida Limited Liability Company Act, the undersigned submits the following statement in accepting the designation as registered agent of **8368 N.W. 56 STREET, LLC**, a Florida limited liability company (the "Company"), in the Company's Articles of Organization:

Having been named as registered agent and to accept service of process for the Company at the registered office designated in the Company's Articles of Organization, the undersigned accepts the appointment as registered agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of its duties, and the undersigned is familiar with and accepts the obligations of its position as registered agent as provided for in Chapter 605, F.S.

IN WITNESS WHEREOF, the undersigned has executed this Certificate as of January 3, 2014.

NRAI Services, Inc., Registered Agent

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

2014 JAN -3 AM 9:46