

#L14000007641

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

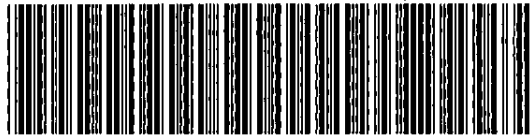
(Business Entity Name)

(Document Number)

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2014 JAN 14 PM 4:26  
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2014 JAN 14 AM 11:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER  
JAN 15 2014

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

**FILING COVER SHEET**  
**ACCT. #FCA-23**

**CONTACT: KATIE WONSCH**

**DATE: 01/14/2014**

**REF. #: 7748064.9020959**

**CORP. NAME: BISCAYNE MIAMI 28<sup>TH</sup> 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# 70013291 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**  
**BISCAYNE MIAMI 28<sup>TH</sup> STREET LLC**

**FILED**  
2014 JAN 14 AM 11:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I - Name**

The name of the Limited Liability Company is Biscayne Miami 28<sup>th</sup> Street LLC (the "Company").

**ARTICLE II - Address**

The mailing address and street address of the principal office of the Company is 19111 Collins Avenue, Suite 2606, Sunny Isles Beach, Florida 33160.

**ARTICLE III - Registered Agent and Office**

The street address of the Company's initial registered office is 1200 South Pine Island Road, Plantation, Florida, 33324, and the name of its initial registered agent at such office is NRAI Services, Inc.

**ARTICLE IV - Management**


The Company is to be managed by one or more managers and is therefore a manager-managed company. The manager shall be Edgewater Miami, LLC, with an address at 19111 Collins Avenue, Suite 2606, Sunny Isles Beach, Florida 33160.

In accordance with Section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. Dated this 14<sup>th</sup> day of January, 2014.

  
\_\_\_\_\_  
Wilma J. Whitted, Authorized Signor

**ACCEPTANCE OF APPOINTMENT OF REGISTERED AGENT**

The undersigned, having been named as Registered Agent and to accept service of process for the above stated limited liability company at the place designated in these Articles of Organization, hereby 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 is familiar with and accepts the obligations of its position as registered agent as provided for in Florida Statutes Chapter 605. Dated this 14<sup>th</sup> day of January, 2014.

  
\_\_\_\_\_  
Katie Womack, Asst. Sec.  
NRAI Services, Inc.  
Registered Agent