

1/24/2014

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Jan 14 2014

P. 01

Division of Corporations

Florida Department of State

Division of Corporations

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : HINSHAW & CULBERTSON LLP

Account Number : I20110000017

Phone : (954) 375-1155

Fax Number : (954) 467-1024

****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.

ONE BAL HARBOUR HOTEL FACILITIES MANAGER, LLC

Certificate of Status	1
Certified Copy	1
Page Count	04
Estimated Charge	\$160.00

RECEIVED

14 JAN 24 PM 3:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Shivers JAN 27 2013

ONE BAL HARBOUR HOTEL FACILITIES MANAGER, INCORPORATED

10295 COLLINS AVENUE, BAL HARBOUR, Florida 33154

January 24, 2014

Registration Section

Division of Corporations

P.O. Box 6327

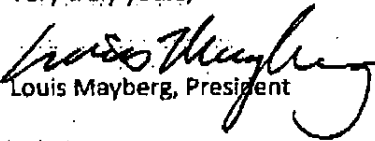
Tallahassee, Florida 32314

Re: Consent to formation of "One Bal Harbour Hotel Facilities Manager, LLC"

To Whom It May Concern:

I am the President of One Bal Harbour Hotel Facilities Manager, Incorporated, a Florida corporation (Document Number P14000003821; the "Corporation"). The Corporation hereby gives its consent to the formation of One Bal Harbour Hotel Facilities Manager, LLC. The same parties will own both companies. As the President of the Corporation, I am authorized to give the consent contained herein.

Very truly yours,


Louis Mayberg, President

14 JAN 24 PM 5:07
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

✓ One Bal Harbour Hotel Facilities Manager, LLC

(Must end with the words "Limited Liability Company," "LLC," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:10295 Collins Avenue
Bal Harbour, Florida 33154**Mailing Address:**10295 Collins Avenue
Bal Harbour, Florida 33154**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Steven Carlyle Cronig, Esquire

Name

2525 Ponce de Leon Boulevard, Fourth Floor

Florida street address (P.O. Box **NOT** acceptable)

Coral Gables

FL 33134

City

Zip

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 605, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE
JAN 24 2014
14 JAN 24 12:07

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

MGR

MGR

Name and Address:

Mayberg, Louis

10295 Collins Avenue

Bal Harbour, Florida 33154

Wills, Peter

10295 Collins Avenue

Bal Harbour, Florida 33154

Shehadi, Michael

10295 Collins Avenue

Bal Harbour, Florida 33154

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 01/24/2014 (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

L Mayberg

Signature of a member or an authorized representative of a member.

(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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Louis Mayberg

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation
of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)