

# L14000020309

Florida Department of State  
Division of Corporations  
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**FLORIDA LIMITED LIABILITY CO.  
WYNWOOD WEST, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

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February 5, 2014

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

CORP USA

SUBJECT: WYNWOOD WEST, LLC  
REF: W14000007342

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Pursuant to section 605.0207, F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on . Please amend your document accordingly.

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.

Teresa Brown  
Regulatory Specialist IIFAX Aud. #: H14000027791  
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(X)

**ARTICLES OF ORGANIZATION FOR FLORIDA  
LIMITED LIABILITY COMPANY**

EFFECTIVE DATE  
2-4-14

Date: February 3, 2014

ARTICLE I - NAME:

The name of the Limited Liability Company is:

**WYNWOOD WEST, LLC**

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TALLAHASSEE, FLORIDA

ARTICLE II - ADDRESS:

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

7386 NW 35<sup>TH</sup> TERRACE  
MIAMI, FLORIDA 33122

ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, &  
REGISTERED AGENT'S SIGNATURE:

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

JAMES H. QUINLAN  
Name

7386 NW 35<sup>TH</sup> TERRACE  
Florida Street Address

MIAMI, FLORIDA 33122  
City, State, and Zip

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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.

  
JAMES H. QUINLAN  
Registered Agent's Signature

#### ARTICLE IV - MANAGEMENT

The Limited Liability Company is to be considered a multiple manager LLC and is therefore a MULTIPLE MANAGER LLC company. The name and address of each person authorized to manage and control the Limited Liability Company are:

<u>Title:</u>	<u>Name and Address:</u>
Authorized Member	QUINLAN COMMUNICATIONS CORP PO BOX 398587 MIAMI, FLORIDA 33239
Authorized Member	2230 WYNWOOD, LLC 45 MAIN STREET #502 BROOKLYN, NY 11201
Authorized Member	AMI, LLC PO BOX 371106 MIAMI, FLORIDA 33137

#### ARTICLE V BUSINESS DEDUCTIONS

Per IRS regulations the corporation may pay and deduct the health insurance and medical expenses of its directors and employees. Additionally, business auto expenses may be reimbursed to directors and employees and thus deducted from current operations.

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**ARTICLE VI - EFFECTIVE DATE**

The effective date of the Limited Liability Company shall be: **FEBRUARY 4**, 2014.

  
Signature of member or an authorized representative of a member

In accordance with section 805.0203 (1), 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.

**QUINLAN COMMUNICATIONS CORP**

  
Member/Manager of LLC

February 3, 2014

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