

Division of Corporations

Page 1 of 1

L14000042840

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000060995 3)))



H140000609953ABC1

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : FOWLER WHITE BURNETT P.A.
Account Number : 071250001512
Phone : (305) 789-9200
Fax Number : (305) 789-9201

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: fpal@fowler-white.com

RECEIVED

14 MAR 13 AM 7:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA LIMITED LIABILITY CO. WESTSIDE AVENTURA DEVELOPMENT LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2014 MAR 13 AM 11:24

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

MAR 14 2014

D. B. JONES

Audit No. H14000060995 3

ARTICLES OF ORGANIZATION
OF
WESTSIDE AVENTURA DEVELOPMENT LLC

ARTICLE I

The name of the limited liability company formed hereby is WESTSIDE AVENTURA DEVELOPMENT LLC (the "Limited Liability Company").

ARTICLE II

The duration of the Limited Liability Company shall be perpetual.

ARTICLE III

The principal office and mailing address of the Limited Liability Company shall be as follows:

1395 Brickell Avenue, 14th Floor
Miami, Florida 33131

ARTICLE IV

The Registered Agent of the Limited Liability Company and his street address in the State of Florida are as follows:

Fabian A. Pal, Esq.
1395 Brickell Avenue, 14th Floor
Miami, Florida 33131

FILED
2014 MAR 13 AM 11:24
CLERK OF STATE
TALLAHASSEE FLORIDA


Audit No. H14000060995 3

Audit No. H14000060995 3

ARTICLE V

The Limited Liability Company shall be manager-managed. The name and address of the initial Manager is as follows:

Westside Aventura I Developer LP
1395 Brickell Avenue, 14th Floor
Miami, Florida 33131



Fabian A. Pal,
as Authorized Representative of the Member

STATE OF FLORIDA)

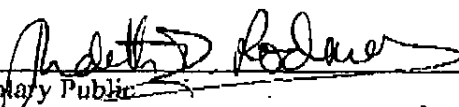
COUNTY OF MIAMI-DADE)

BEFORE ME personally appeared Fabian A. Pal, as Authorized Representative of the Member, ☒ who is personally known to me, or ☐ who produced _____ as identification, to be the person who executed the foregoing Articles of Organization.

IN WITNESS WHEREOF I have hereunto set my hand and official seal this 12th day of March 2014



JUDITH D. RODMAN
MY COMMISSION # FF 046128
EXPIRES: October 18, 2017
Bonded Three Budget Notary Services



Notary Public

Print Name: JUDITH D. RODMAN

My Commission expires: 10/18/2017

FILED
2014 MAR 13 AM 11:24
CLERK OF STATE
TALLAHASSEE, FLORIDA

Audit No. H14000060995 3

Audit No. H14000060995 3

CERTIFICATE OF DESIGNATION OF RESIDENT AGENT
AND ACCEPTANCE OF DESIGNATION

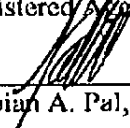
Pursuant to the provisions of Section 605.0113, Florida Statutes, the undersigned limited liability company organized under the laws of the state of Florida, submits the following statement in designating its Registered Office and Registered Agent in the State of Florida:

1. The name of the limited liability company is WESTSIDE AVENTURA DEVELOPMENT LLC.

2. The name and address of the Registered Agent and Office is:

Fabian A. Pal, Esq.
1395 Brickell Avenue, 14th Floor
Miami, Florida 33131

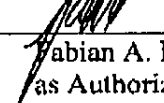
Having been named as Registered Agent and to accept service of process for the above stated limited liability company at the place designated in this Certificate, I hereby accept the appointment as Registered Agent and agree to act in this capacity. I further agree to comply with the provisions of all 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.



Fabian A. Pal, Registered Agent

Date: March 12, 2014

WESTSIDE AVENTURA DEVELOPMENT LLC

By: 

Fabian A. Pal,
as Authorized Representative
of the Member

Audit No. H14000060995 3

W:\6392\ARTORU74-P\AP.docx (3/12/14-17:50)

FILED
2014 MAR 13 AM 11:24
CLERK OF STATE
TALLAHASSEE FLORIDA