Division of Corporations Electronic Filing Cover Sheet

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.

(((H140000954493)))



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 : JONES, FOSTER, JOHNSTON &

Account Number: 076077003231

: (561)650-0471

Fax Number

: (561)650~0431

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

Email Address: EZS 9 a) 901, COM

FLORIDA LIMITED LIABILITY CO.

309 Dunbar, LLC

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

APR 23 2014

Sign

A. LUNT

Electronic Filing Menu

Corporate Filing Menu

Help

H140000954493

ARTICLES OF ORGANIZATION

OF

309 DUNBAR, LLC

A Florida Limited Liability Company

The undersigned hereby acknowledges these Articles of Organization for the purpose of forming a Limited Liability Company under the Florida Revised Limited Liability Company Act, Chapter 605, Laws of Florida.

ARTICLE I Name

The name of the Limited Liability Company is "309 DUNBAR, LLC."

ARTICLE II Address

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

Principal Office Address:

701 South Olive Avenue Unit 1006 West Palm Beach, FL 33401

Mailing Address:

701 South Olive Avenue Unit 1006 West Palm Beach, FL 33401

ARTICLE III Registered Agent and Registered Office

The name and the Florida street address of the Registered Agent are:

JONES FOSTER SERVICE, LLC 505 South Flagler Drive Suite 1100 West Palm Beach, Florida 33401

ARTICLE IV Management

The Limited Liability Company is to be managed by one or more managers and is, therefore, a manager-managed company. Elizabeth Sorrel is the initial Manager.

H140000954493

ARTICLE V <u>Manager(s) or Authorized Member(s)</u>

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

Title:

Name and Address:

MGR

Elizabeth Sorrell 701 South Olive Avenue Unit 1006

West Palm Beach, FL 33401

4 APR 22 AM ID 50 CCLETARY OF STATE TANASSELFLERIDA

ARTICLE VI Commencement

The Limited Liability Company shall commence its existence upon filing with the Secretary of State of the State of Florida.

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.

ARTICLE VII Authorized Representative

The representative authorized to sign these Articles of Organization on behalf of the member is:

Larry B. Alexander, Esq.
Jones, Foster, Johnston & Stubbs, P.A.
505 S. Flagler Drive, Ste. 1100
West Palm Beach, FL 33401

IN WITNESS WHEREOF, the undersigned authorized representative of the Limited Liability Company has executed these Articles of Organization this 22nd day of April, 2014.

Larry 5. Alexander,

Authorized Representative

H14000095449 3

CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN THIS STATE, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED

Pursuant to the provisions of Section 605.0113, Florida Statutes, this Limited Liability Company submits the following statement to designate a Registered Office and Registered Agent in the State of Florida:

That 309 DUNBAR, LLC, desiring to organize under the laws of the State of Florida, has named JONES FOSTER SERVICE, LLC, located at the Registered Office of the Limited Liability Company at 505 South Flagler Drive, Suite 1100 West Palm Beach, Florida 33401, as its Registered Agent to accept service of process within this State.

ACKNOWLEDGMENT:

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.

JONES FOSTER SERVICE, LLC

Print Name. Larry B. Alexander

Title: Manager

p:\docs\27392\00003\doc\1j67480.doc