Florida Department of State

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.

(((H14000202030 3)))



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 : C T CORPORATION SYSTEM

Account Number: FCAG00000023 Phone : (850)222-1092 Fax Number : (850)878-5368

**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. Hill Miami Beach LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

Electronic Filing Menu

https://efile.sunbiz.org/scripts/efilcovr.exe

Corporate Filing Menu

Help

K. SALY EXAMINER

AUG 28 2014

COVER LETTER

	gistration Section Vision of Corporations
SUBJECT:	HILL MIAMI BEACH LLC Name of Limited Liability Company
The enclosed	d Articles of Organization and fee(s) are submitted for filing.
Please return	all correspondence concerning this matter to the following:
_	Andrew Joblan
	Name of Person
-	
	Pirm/Company
_	385 Canal Street
	N4 NY 10013
_	NY NY LOOI 3 City/State and Zip Code
	E-mall address: (to be used for future annual deport notification)
For further in	nformation concerning this matter, please call:
	Name of Person Area Code Daytime Telephone Number
Enclosed is a	check for the following amount:
Ź\$125.00 Filin	ng Fee
	Mailing Address Street/Courier Address
	Registration Section Registration Section Division of Corporations Division of Corporations
	P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

:20:04 From: 10	: 85061/6383			(3/4)
				FILED
				2014 AUG 27 AM 11: 19
				AUG 27 AM II.
AT	RTICLES OF ORGANIZATION FOR	D RI MDINA I IM	OTTOTAL LAND YOU	
AJ.	THE LESS OF CACHINEAL TOTAL PER	KILMANATA	11120147014111	SSEE. FLORE
The name of the Lim	: ited Liability Company is:			South,
	HILL MIAMI	Beac	H LLC	<u>,</u>
	(Must end with the words "Limit	ed Liability Co	mpany, "L.L.C.,"	or "LLC.")
ARTICLE II - Adde The mailing address	ress: and street address of the principal	office of the L	imited Liability Co	ompany is:
Principal Office Add	dress:	Mailing /	Address:	
385 Can	al Smet, F1.3	385 NY	Canal Stre	t. Fl. 3
(The Limited Liability	Istered Agent, Registered Offic y Company cannot serve as its ov ity with an active Florida registral	vn Registered A		
The name and the Flo	orida street address of the register	ed agent are:		
		ation System		
	Nar	ne		
		ine Island Road		
	Florida street address (P.O. B	lox <u>NOT</u> accep	table)	
	Plantation	F)_	33324	
	City		Zip	
the place designa capacity. I further	as registered agent and to accept ted in this certificate, I hereby acc agree to comply with the provision I am familiar with and accept the Ch	ept the appoint ns of all statutes obligations of m apter 605, F.S.	ment as registered relating to the pro ty position as regis	agent and agree to act in this per and complete performance tered agent as provided for in
	C T Corporation System	Conin	ر) سهررده	onne istiyon
	By:		<u> </u>	• · · · · · · · · · · · · · · · · · · ·

Hssistant Secretory

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

	4 From: To: 850617638:	3 (4/4)
·		2014 AUG 27 AH 11:
		2014 AUG 27 AM.
ART The	FICLE IV- name and address of each perso	n authorized to manage and control the Limited Liability Company HASSEE, FLORI
<u>Title</u>	ti BR* = Authorized Member	Name and Address:
"MGR" - Manager W 9 K	Andrew Johlan 365 charl St. Fl. 3 by Ny 10013	
_		
(Use	attachment if necessary)	· · · · · · · · · · · · · · · · · · ·
		date of filing: (OPTIONAL) e specific and cannot be more than five business days prior to or 90 days after

REQUIRED SIGNATURE:

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.)

Christy Mazzola
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)