

**L14000179849**

Florida Department of State  
Division of Corporations  
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To:

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

From:

Account Name : MICHAEL J. FREEMAN, P.A.  
Account Number : 072720000142  
Phone : (305) 442-1567  
Fax Number : (305) 442-1227

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

Email Address: \_\_\_\_\_

FLORIDA LIMITED LIABILITY CO.  
EIGHTY DEVELOPMENT LLC

Certificate of Status	1
Certified Copy	1
Page Count	02
Estimated Charge	\$160.00

RECEIVED

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EXAMINER

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**EIGHTY DEVELOPMENT LLC**

**ARTICLE II - Address:**

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

**Principal Office Address:** 2601 South Bayshore Drive  
Suite 1200  
Coconut Grove, FL 33133

**Mailing Address:** 2601 South Bayshore Drive  
Suite 1200  
Coconut Grove, FL 33133

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

M.J. F. Registered Agent Corp.  
Name

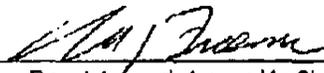
153 Sevilla Avenue  
Florida Street Address (No P.O. Box)

Coral Gables, FL 33134  
City, State, and Zipcode

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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..*

  
\_\_\_\_\_  
Registered Agent's Signature  
(Michael J. Freeman, President)

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**ARTICLE IV - Manager(s) or Managing Member(s):**

The name and address of each Manager or Authorized Member is as follows:

**Title:**

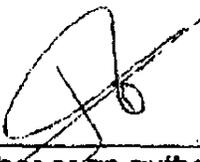
\*AMBR\* = Authorized Member  
\*MGR\* = Manager

**Name and Address:**

MGR

Joseph Horn  
2601 South Bayshore Drive  
Suite 1200  
Coconut Grove, FL 33133

**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.)

Joseph Horn

Type or print name of signee

**Filing Fees:**

\$125.00 Filing Fee for Articles of Organization & Designation of Registered Agent  
\$30.00 Certified Copy (Optional)  
\$5.00 Certificate of Status (Optional)

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