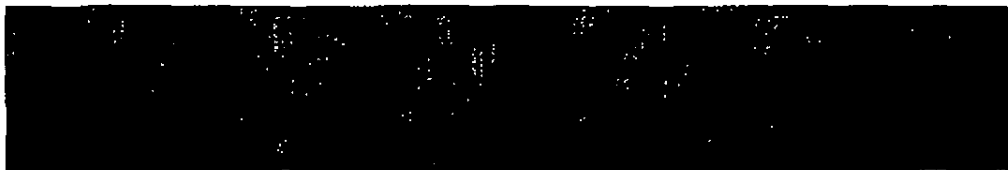


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From: Account Name : THERREL BAISDEN, P.A.  
Account Number : I20140000065  
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FLORIDA LIMITED LIABILITY CO.  
ALHAMBRA CIRCLE OFFICE SUITES LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

**ARTICLES OF ORGANIZATION  
FOR  
ALHAMBRA CIRCLE OFFICE SUITES LLC**

**ARTICLE I  
Name**

The name of the Limited Liability Company is **ALHAMBRA CIRCLE OFFICE SUITES LLC.**

**ARTICLE II  
Address**

The street address of the principal office of the Limited Liability Company is: c/o Rose Grant, 355 Alhambra Circle, 10<sup>th</sup> Floor, Coral Gables, FL 33134. The mailing address is: c/o Savyon Grant, 530 Sylvan Avenue, Englewood Cliffs, NJ 07632.

**ARTICLE III  
Duration**

This limited liability company shall have a perpetual existence.

**ARTICLE IV  
Registered Agent**

The street address of the initial registered office of the Limited Liability Company shall be SunTrust International Center, One S.E. 3rd Avenue, Suite 2950, Miami, Florida 33131 and the name of the initial registered agent of the Limited Liability Company at that address is ADAM R. SHEVIN, Esq.

**ARTICLE V  
Manager-Managed Company**

The Limited Liability Company is to be managed by one or more managers (who have appointed one or more persons as authorized persons), and is therefore a manager-managed company.

**ARTICLE VI  
Manager**

The name and address of the Manager and authorized person(s), are as follows:

Manager	ROSE GRANT 355 Alhambra Circle 10 <sup>th</sup> Floor Coral Gables, FL 33134
Authorized Person	HARRY GRANT 355 Alhambra Circle 10 <sup>th</sup> Floor Coral Gables, FL 33134

The undersigned authorized representative of the member of **ALHAMBRA CIRCLE OFFICE SUITES LLC** hereby executes these articles of organization on this 4<sup>th</sup> day of December, 2014.



Adam R. Shevin, authorized representative

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**CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 605 FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATED A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

- 1. The name of the Limited Liability Company is **ALHAMBRA CIRCLE OFFICE SUITES LLC.**
- 2. The name and the Florida street address of the registered agent and office are:

Adam R. Shevin, Esquire  
SunTrust International Center  
One S.E. 3rd Avenue, Suite 2950  
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.



Adam R. Shevin

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