

U4000188428

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.

((H14000283657 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 : THERREL BAISDEN, P.A.
Account Number : I20140000065
Phone : (305)371-5758
Fax Number : (305)371-3178

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

Email Address: _____

RECEIVED
14 DEC -9 AM 10:09
FILED
13 DEC -9 PM 3:14
FILER

**FLORIDA LIMITED LIABILITY CO.
355 ALHAMBRA CIRCLE LLC**

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

DEC 10 2014

S. YOUNG

**ARTICLES OF ORGANIZATION
FOR
355 ALHAMBRA CIRCLE LLC**

ARTICLE I

Name

The name of the Limited Liability Company is **355 ALHAMBRA CIRCLE LLC**.

ARTICLE II

Address

The street address of the principal office of the Limited Liability Company is: c/o Rose Grant, 355 Alhambra Circle, 10th 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 th Floor Coral Gables, FL 33134
---------	---

Authorized Person	HARRY GRANT 355 Alhambra Circle 10 th Floor Coral Gables, FL 33134
-------------------	--

The undersigned authorized representative of the member of **355 ALHAMBRA CIRCLE LLC** hereby executes these articles of organization on this 4th day of December, 2014.


Adam R. Shevin, authorized representative

**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 **355 ALHAMBRA CIRCLE 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