

L14000189754

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

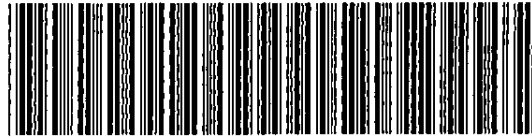
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE FLORIDA

DEC 12 2014
J. BRUCE

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP:

12/10

☐ CERTIFIED COPY

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LLC

1.

915 South Colorado Boulevard, LLC
(CORPORATE NAME AND DOCUMENT #)

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

6.

(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

FILED
2014 DEC 11 AM 10:45
TALLAHASSEE FLORIDA
CLERK OF STATE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I: NAME

The name of the Limited Liability Company is:

915 South Colorado Boulevard, LLC

ARTICLE II: ADDRESS

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

299 Park Avenue, 42nd Floor
New York N.Y. 10012

ARTICLE III: PURPOSE

The purpose for which this Limited Liability Company is organized is:

Any and all lawful business.

ARTICLE IV: REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT'S SIGNATURE:

Grant W. Kehres
2000 Glades Road, Suite 302
Boca Raton, Florida 33431

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

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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ARTICLE V - MANAGEMENT:

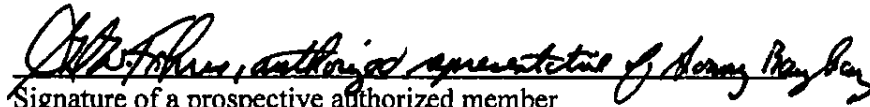
The Limited Liability Company is to be managed by its members and is, therefore, a member - managed company. The name and address of the member is:

Title: Authorized Member (AMBR)
Sonny Bazbaz
299 Park Avenue, 42nd Floor
New York, NY 10012

ARTICLE VI - EFFECTIVE DATE:

The effective date for this Limited Liability Company shall be:

The date these Articles are filed at the office of the Florida Secretary of State.


Signature of a prospective authorized member
or an authorized representative of a prospective authorized member

(In accordance with Section 605.0203, 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 Section 817.155, Florida Statutes.)

GRANT W. KEHRES, authorized representative of Sonny Bazbaz
Typed or printed name of signee.

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SECRETARY OF STATE
TALLAHASSEE FLORIDA