P.001/003 Page 1 of 2

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.

(((H15000020386 3)))



H150000203863ABCZ

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 : CIKLIN LUBITZ MARTENS & O'CONNELL

Account Number : 076376001447 Phone : (561)832-5900 Fax Number : (561)833-4209

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

Ensil Address:

RECEIVED

JAN 26 AN IO: 00

REAU OF CONTENTIOUS
FORMATION SERVICEAL

FLORIDA LIMITED LIABILITY CO.

OCP Venezia, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

B. BOSTICK

JAN **27** 2015

Electronic Filing Menu

Corporate Filing Menu

 ${\bf Help}_{\,\,{\sf EXAMINER}}$

· ·

H150000203863

A	ARTICLES OF ORGANIZATION	FOR FLORIDALIMITED I JABI	ILITY COMPANY
ARTICLE I - Num The name of the Lin	e: nited Liebility Company is:		·
OCP VENEZIA, L		mited Liability Company, "L.L	C.," or "LL.C.")
ARTICLE II - Add The meiling address	iress: and street address of the princi	pal office of the Limited Liab	lity Company is:
Principal Office At	ldress:	Mailing Address:	
535 Madison Ave New York, New Y		535 Madison Avant New York, New Yor	
(The Limited Liabili another business en	gistered Agent, Registered Of ity Company cannot serve as its tity with an active Florida regis lorida street address of the regis	own Registered Agent. You n tration.)	
	1200 S. Pine Island Ros	d #250	
	Florida street address (P.O		
	Plantation.	PL 33324	
	City	Zip	
the place dusigns capacity. I further	ased in this certificate, I hereby to agree to comply with the provid I I am familiar with and accept t	occept the appointment as regis tions of all statutes relating to t	ove stated limited liability company a stered agent and agree to act in this he proper and complete performance s registered agent as provided for in

(CONTINUED)

Page 1 of 2

H150000203863

4

10 A

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager AMBR	O'Connor Management LLC
AINDI	535 Madison Avenue 6th Floor
	New York, New York, 10022
•	100 .010.100.
,	
(Use attachment if necessary)	
ective date is listed, the date must be s of filing.)	te of filing:
ctive date is listed, the date must be s f filing.) E VI: Other provisions, if any.	pecific and cannot be more than five business days prior to or
ctive date is listed, the date must be s f filing.) E VI: Other provisions, if any.	pecific and cannot be more than five business days prior to or
ective date is listed, the date must be s if filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE:	pecific and cannot be more than five business days prior to or !
ective date is listed, the date must be s if filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE:	pecific and cannot be more than five business days prior to or
ective date is listed, the date must be s of filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a m (In accordance with section 6	pecific and cannot be more than five business days prior to or the second of this document (105,0203 (1) (b), Florida Statutes, the execution of this document
ective date is listed, the date must be s of filling.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a m (in accordance with section 6 constitutes an affirmation und	pecific and cannot be more than five business days prior to or the period of the period of a member. 505.0203 (1) (b), Florida Statutes, the execution of this document the penalties of period of that the facts stated herein are true.
ective date is listed, the date must be s if filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a w (In accordance with section 6 constitutes an affirmation und I am aware that any false info	pecific and cannot be more than five business days prior to or or the control of the control of the control of the control of the penalties of perjury that the facts stated herein are true.
ective date is listed, the date must be s if filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a w (In accordance with section 6 constitutes an affirmation und I am aware that any false info	pecific and cannot be more than five business days prior to or the period of the period of a member. 505.0203 (1) (b), Florida Statutes, the execution of this document the penalties of period of that the facts stated herein are true.
Signature of a m (In accordance with section of constitutes a third degree feld	pecific and cannot be more than five business days prior to or the period of a member. 505.0203 (1) (b), Florida Statutes, the execution of this document during the penalties of perjury that the facts stated herein are true. 505.0203 (1) (b) and the period of the pe
Signature of a m (In accordance with section of constitutes a third degree feld	pecific and cannot be more than five business days prior to or the control of the
Signature of a m (In accordance with section of constitutes a third degree feld	pecific and cannot be more than five business days prior to or the period of a member. 505.0203 (1) (b), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true. 505.0203 (1) (a), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true. 505.0203 (1) (b), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true. 505.0203 (1) (b), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true. 505.0203 (1) (b), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true. 505.0203 (1) (b), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true. 505.0203 (1) (b), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true. 505.0203 (1) (b), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true. 505.0203 (1) (b), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true. 505.0203 (1) (b), Florida Statutes, the execution of this document der the penalties of
Signature of a m (In accordance with section of constitutes an affirmation und I am aware that any false info constitutes a third degree felo. Gary Walk. au	pecific and cannot be more than five business days prior to or a member or an authorized representative of a member. 505.0203 (1) (b), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true, cornstion submitted in a document to the Department of State only as provided for in s.817.155, F.S.) ithorized representative Typed or printed name of signes Filing Fees:
Signature of a m (In accordance with section of constitutes an affirmation und I am aware that any false info constitutes a third degree felo. Gary Walk. au \$125.00 Filting Fee for Articles of O	pecific and cannot be more than five business days prior to or the control of the
Signature of a m (In accordance with section of constitutes an affirmation und I am aware that any false info constitutes a third degree felo. Gary Walk. au	pecific and cannot be more than five business days prior to or the second of the secon
Signature of a m (In accordance with section of constitutes an affirmation und I am aware that any false info constitutes a third degree feld. Gary Walk. au \$125.00 Filing Fee for Articles of O S 30.00 Certified Copy (Optional)	pecific and cannot be more than five business days prior to or the period of a member of an authorized representative of a member. 105.0203 (1) (b), Florida Statutes, the execution of this document dier the penalties of perjury that the facts stated herein are true. The period of the document to the Department of State only as provided for in s.817.155, F.S.) Ithorized representative Typed or printed name of signer Filing Fees: Presentation and Designation of Registered Agent (1) (2) (2) (3) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4
Signature of a most be selected at the selecte	pecific and cannot be more than five business days prior to or the control of the

H150000203863