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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
•
Certified Copies Certificates of Status
· —
Special Instructions to Filing Officer:





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01/28/15--01016--020 **125.00

15 JAN 28 PH 2: 27
NOT INTENDED
TO ACKNOWLEDGE
TO ACKNOWLEDGE

15 JAN 28 AM 9: 56 SECRETARY OF STATE TALL ANASSEE, FLORID

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CT Corporation System

515 E Park Avenue, Tallahassee, FL, 32301 850-205-8842

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	() Dissolution/Withdrawal	() Mark
) Limited Partnership	() Reinstatement () Annual Report	() Other
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Name		
Availability	1/28/2015	Order#:
Document		9240739
Examiner	KM	
Updater		Ref#:
Verifier W.P. Verifier		
	_	Amount: \$

CT Corporation System

515 E Park Avenue, Tallahassee, FL, 32301 850-205-8842

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Examiner	KM	
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W.P. Verifier		
		Amount: \$
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COVER LETTER

TO:	Registration Division of	n Section Corporations		
SUBJ	ECT:		ROPERTIES, LLC mited Liability Company	
The en	closed Articles	of Organization and fee(s) a	re submitted for filing.	
Picase	return all corre	espondence concerning this n	natter to the following:	
		nua L. Dubin	Name of Person	
	Josi	rua L. Dubin, P.A.	Firm/Company	
	1770)1 Biscavne Bivd., Suite 20	01 Address	
	Aye	ntura, Fl. 33160	City/State and Zip Code	······································
For fur	·	n@dubinon.com E-mail address: (to be use on concerning this matter, ple	ed for future annual report notifica ase call:	ation)
Vivi	an Miller Nar	ne of Person at (305 918-1818 Area Code Daytime Te	lephone Number
Enclos	ed is a check fo	or the following amount:		
3 \$125.0	0 Filing Fee	S130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	<u>Ma</u>	iling Address Listration Section	Street/Courier Add Registration Section	Cent
	Div	ision of Corporations Box 6327	Division of Corporal Clifton Building	tions

Tallahassec, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

188	D PROPERTIES, LLC
	"Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Liability Company is:
Principal Office Address:	Malling Address:
6000 Island Blvd Unit #2206 Aventura FL 33160	6000 Island Blvd., Unit #2208 Aventura, FL 33160
another business entity with an active Florida re The name and the Florida street address of the re Joshua L. Dubin	
17701 Biscayne Blyd. Florida street address (Suite 201 P.O. Box <u>NOT</u> acceptable)
Aventura	FL 33160
<u>Aventura</u> City	FL_33160
City Having been named as registered agent and to a the place designated in this certificate, I here capacity. I further agree to comply with the pr of my duties, and I am familiar with and acce	Zip accept service of process for the above stated limited liability company at the appointment as registered agent and agree to act in this positions of all statutes relating to the proper and complete performance at the obligations of my position as registered agent as provided for in Chapter 603. F.S
City Having been named as registered agent and to a the place designated in this certificate, I here capacity. I further agree to comply with the pr of my duties, and I am familiar with and acce	Zip accept service of process for the above stated limited liability company at the appointment as registered agent and agree to act in this positions of all statutes relating to the proper and complete performance to the obligations of my position as registered agent as provided for in Chapter 603, F.S

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MOR" = Manager	4000 Manager 1 C
MGR	1880 Manager, LLC 6000 Island Blvd., Suite 2208
	Aventura, FL 33160
	J. 13111111 P. 1. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.
EV: Effective date, if other than the date of the date is listed, the date must be spe	of filing: (OPTIONAL) cific and cannot be more than five business days prior to or 90 days
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(Use attachment if necessary) E V: Effective date, if other than the date of etive date is listed, the date must be specifiling.) E VI: Other provisions, if any. REQUIRED SIGNATURE:	of filing: (OPTIONAL) cific and cannot be more than five business days prior to or 90 days
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E V: Effective date, if other than the date of etive date is listed, the date must be spenfilling.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of office of the constitutes an affirmation under	mber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true.
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