

Feb. 6. 2015 9:18AM

No. 344 Pg. 1 of 2

# L15000023114

Florida Department of State  
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Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : HAILE, SHAW & PFAFFENBERGER, P.A.  
Account Number : 076326003550  
Phone : (561) 627-8100  
Fax Number : (561) 622-7603

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FLORIDA LIMITED LIABILITY CO.  
407 FEDERAL, LLC

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ARTICLES OF ORGANIZATION  
OF  
407 FEDERAL, LLC

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The undersigned authorized representative of a member, for the purpose of forming a limited liability company under the Florida Limited Liability Act, Florida Statutes Chapter 605 (the "Act"), hereby makes, acknowledges and files the following Articles of Organization:

**ARTICLE I — NAME**

The name of the limited liability company is 407 FEDERAL, LLC (the "Company"),

**ARTICLE II - ADDRESS**

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

Principal Office Address:  
9293 NW 15<sup>th</sup> Street  
Coral Springs, FL 33071-6048

Mailing Address:  
P.O. Box 51697  
Plantation, FL 33318-5697

**ARTICLE III - REGISTERED AGENT**

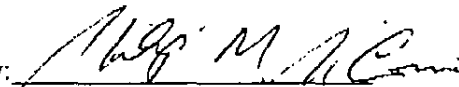
The name and Florida street address of the registered agent are:

Haile, Shaw & Pfaffenberger, P.A.  
660 U.S. Highway One - Third Floor  
North Palm Beach, FL 33408

*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.*

Haile Shaw & Pfaffenberger, P.A.

By:


  
Philip M. DiComo, Esquire

#### ARTICLE IV — MANAGEMENT

The name and address of the person authorized to manage the Company:

Title	Name and Address
AMBR	Kenneth M. Simigran 9293 NW 15 <sup>th</sup> Street Coral Springs, FL 33071-6048

#### REQUIRED SIGNATURE

  
Philip M. DiComo, Authorized Representative

(In accordance with Section 605.0203(1)(b), 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 s.817.155, F.S.)

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