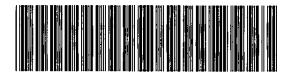
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(Requestor's Name)
. (Address)
· (Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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W15-4001

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New 12-10-15.



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 21, 2015 -

JO ELLEN ZIPPIN P. O. BOX 212144 ROYAL PALM BEACH, FL 33421

SUBJECT: 2800 N. OCEAN DRIVE INVESTMENTS, LLC

Ref. Number: W15000004001

We have received your document and check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 315A00001132

Darlene Connell Regulatory Specialist III

www.sunbiz.org



12012 South Shore Blvd., Ste. 107 Wellington, FL 33414 www.gslawfirm.com

Francisco J. Gonzalez Benjamin P. Shenkman Tel. 561-227-1575 Fax 561-227-1574

January 29, 2015

VIA FEDERAL EXPRESS

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re:

2140 Spyglass Lane Investments, LLC; Ref. #: W15000004026 2800 N. Ocean Drive Investments, LLC; Ref. #: W1500004001

2135 Windward Way Investments, LLC; Ref. #: W15000004034

Dear Sir/Madam:

In reference to your correspondence dated January 20, 2015 (copies of which are enclosed), requesting the correction of the principal office addresses for the above limited liability companies, I enclose the corrected Articles of Organization for each.

Let me know if you have any further questions.

Very truly yours

Benjamin P. Shenkman

Enclosures

COVER LETTER

Division of Corporations
SUBJECT: 2800 N. OCEAN DRIVE INVESTMENTS, LLC Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Jo Ellen Zippin Name of Person
2800 N. OCEAN DRIVE INVESTMENTS, LLC Firm/Company
P.O. Box 212144 Address
Royal Palm Beach, FL 33421 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Benjamin P. Shenkman, Esq. at (561) 227-1575 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$\Bigsim \frac{1}{2} \\$125.00 \text{ Filing Fee} \text{ \$\Bigsim \frac{1}{2} \\$130.00 \text{ Filing Fee & Certified Copy (additional copy is enclosed)} \text{ \$\Bigsim \frac{1}{2} \Bigsim \frac{1}{2}

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Nam The name of the Lin	e: nited Liability Company is:				
	2800 N. OCEAN [DRIVE INVES	TMENTS, LLC	·····	
	(Must end with the words "Lin	nited Liability C	Company, "L.L.C.	.," or "LLC.")	
ARTICLE II - Add The mailing address	lress: and street address of the princip	oal office of the	Limited Liability	/ Company is:	
Principal Office Ac	ldress:	Mailing	Address:		
10288 Wellington Wellington, FL 33	Parc Drive 449		ox 212144 Palm Beach, FL	. 33421	
(The Limited Liabili another business en	gistered Agent, Registered Offity Company cannot serve as its of tity with an active Florida registration of the registration of the registration.	own Registered ration.)			
	-	_	0.00		
		Shenkman. E ame	sų.	_	
	12012 South Sh Florida street address (P.O.			_	
	Wellington	FL	33414	_	
	City		Zip		
the place designo capacity. I further	d as registered agent and to accept ated in this certificate, I hereby at agree to comply with the provisi I am familiar with and accept the Registered Agent's S	ccept the appoir ons of all statute e obligations of hapter 605, F.S	atment as register es relating to the p my position as re 	ed agent and agree to act in this proper and complete performand	e

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR	JO ELLEN ZIPPIN
	P.O. Box 212144
	Royal Palm Beach, FL 33421
E V: Effective date, if other than the certive date is listed, the date must be	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90
E V: Effective date, if other than the cective date is listed, the date must be if filing.)	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90
ective date is listed, the date must be of filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE:	specific and cannot be more than five business days prior to or 90
E V: Effective date, if other than the dective date is listed, the date must be of filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a (In accordance with section constitutes an affirmation u I am aware that any false in	ate of filing:
E V: Effective date, if other than the dective date is listed, the date must be of filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a (In accordance with section constitutes an affirmation u I am aware that any false in	member or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document of the penalties of perjury that the facts stated herein are true. formation submitted in a document to the Department of State