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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : CORP USA Account Number : 072450003255 : (305)634-3694 Phone Fax Number : (305)633-9696

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

Email Address:

FLORIDA LIMITED LIABILITY CO.

2244 N.W. 114TH AVENUE, UNIT NORTH, LLC

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CORP USA

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2244 N.W. 114TH AVENUE, LLC. MIAMI, FLORIDA 33172

April 1, 2015

Divisions of Corporations P.O. Box 6800 Tallahassee, Florida 32314

Re: 2244 N.W. 114TH AVENUE, UNIT NORTH, LLC

Gentlemen:

The building located at 2244 N.W. 114th Avenue contains two (2) condominiums in the same "shell."

- A. 2244 N.W. 114th Avenue, LLC. (Existing).
- B. 2244 N.W. 114th Avenue, Unit North (being formed herein).

Please consider this letter to be our consent to this similarly named 2244 N.W. 114th Avenue, Unit North, LLC., since they are both in the same building. It is not only logical but acceptable that we agree to this similar name as we are the South ½ Avenue of the building and the new LLC will be in the North ½ of the building (although both are physically divided).

Very truly yours,

2244 N.W/114th, Avenue, LLC.

Ajay Khanna, AMBR

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJ	ECT: 2244 N.W. 114TH AVENUE, UNI	T NORTH LLC mited Liability Company	
The or	iclosed Articles of Organization and fee(s) a	ive submitted for filing	
	return all correspondence concerning this n		
r rease	termit an derreshandering someoning sees a		
	Ajay Khanna	Name of Person	
	2244 N.W. 114th Avenue.		
		Firm/Company	
	Miami, Florida 33172		
		Address	
	(City/State and Zip Code	
a	ay@innovationcomputers.com E-mail address: (to be use	ed for future annual report notifica	tion)
For fu	rther information concerning this matter, ple		
	•		
Ajay J	Khanna at (305-715) 7071 Area Code Daytime Te	ephone Number
	Made of Ferson	Alte Code Dayithic Te	chiante Manthei
Enclos	ed is a check for the following amount:		
□ \$ 125.0	00 Filing Fee & Certificate of Status	☑\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	U\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Add, Registration Section Division of Corporat Cliffon Building 2661 Executive Cent Tallahassee, FL 3236	tions ter Circle

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April 3, 2015

FLORIDA DEPARTMENT OF STATE Division of Corporations

CORP USA

SUBJECT: 2244 N.W. 114TH AVENUE, LLC.

REF: W15000023305

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The electronic filing cover sheet submitted with your document reflects the incorrect type of document. The cover sheet must reflect the type of document you are filing. Please generate a new fax audit cover sheet under the appropriate document type. When resubmitting your document for filing, please also send a copy of the incorrect cover sheet marked "ABANDONED".

If you have any further questions concerning your document, please call (850) 245-6052.

Thomas Chang Regulatory Specialist II New Filing Section FAX Aud. #: H15000082522 Letter Number: 715A00006664

P.O BOX 6327 - Tallahassee, Florida 32314

EFFECTIVE DATE 3-31-15

AK	KTE2OKOMPANTSVI IOS	LOK LTOMMY TRAIT BY CHARGE I COMES	14.1		
ARTICLE 1 - Name: The name of the Limit	ed Liability Company is:		5 PR		
2244 N.W. 114TH A	VENUE UNIT NORTH. Must end with the words "L	LLC .imited Liability Company, "L.L.C.," or "LLC	R-6 PH 12: 20 R-6 PH 12: 20		
ARTICLE II - Addre The mailing address a	as: ad street address of the prin	cipal office of the Limited Liability Company	12: 20 15: 20		
Principal Office Add	ress	Mailing Address:	D.		
2244 N.W. 114th Av Miami, Florida 3317		2244 N.W. 114th Avenue Miami, Florida 33172			
(The Limited Liability another business entity	ntered Agent, Registered C Company cannot serve as it with an active Florida reg ida street address of the reg		an individual or		
	Brian R. Hersh				
		Name			
	1541 Brickell Avenue, Ste. C-1407				
	Florida street address (P.	O. Box <u>NOT</u> acceptable)			
	Miami	FL 33129			
	City	Zip			
the place designate capacity. I further a	ed in this certificate, I hereb gree to comply with the pro am familiar with and accep	ccept service of process for the above stated lim y accept the appointment as registered agent as visions of all statutes relating to the proper and the obligations of my position as registered ag Chapter 605, F.S. s Signature (REQUIRED)	nd agree to act in this i complete performance		
	(CO)	NTINUED)			
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ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address; "AMBR" = Authorized Member "MGR" = Manager AMBR Ajay Khanna 2244 N.W. 114th Avenue Miami, Florida 33172 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: March 31, 2015_ _ (OPTIONAL) (If an effective date is listed, the date must be specific and caunot be more than five business days prior to or 90 days after the date of filing.) ARTICLE VI: Other provisions, if any. The general purpose for which the company is organized is to engage in the business of real estate investment and to transact any lawful business for which a limited liability company may be organized under the laws of the State of Florida. REQUIRED SIGNATURE: Llew Signature of a member or an authorized representative of a member. (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.)

Filing Fees:
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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Aileen Rivero-as authorized representative of a member Typed or printed name of signee

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