

L15000066557

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

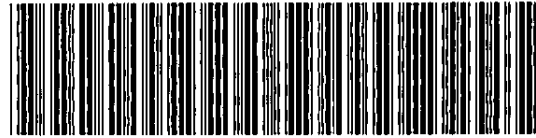
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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DEPARTMENT OF STATE
15 APR 16 PM 4:23

FILED
15 APR 16 PM 12:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 17 2015

T. BROWN

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 592795 7821110

AUTHORIZATION :

COST LIMIT : \$ 125.00



ORDER DATE : April 16, 2015

ORDER TIME : 3:51 PM

ORDER NO. : 592795-010

CUSTOMER NO: 7821110

DOMESTIC FILING

NAME: ALIGNED BAYSHORE HOLDINGS LLC

EFFECTIVE DATE:

____ ARTICLES OF INCORPORATION
____ CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY
____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Carina L. Dunlap - EXT. 62951

EXAMINER'S INITIALS: _____

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ALIGNED BAYSHORE HOLDINGS LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

1450 Brickell Avenue
Suite 1560
Miami, FL 33131

1450 Brickell Avenue
Suite 1560
Miami, FL 33131

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Patricia M. Blasi
Name
2000 Island Blvd., Unit 407
Florida street address (P.O. Box NOT acceptable)
Aventura FL 33160
City Zip

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.

Patricia M. Blasi
Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
15 APR 16 PM 12:20
CLERK OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

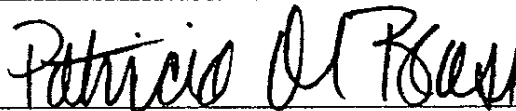
| <u>Title:</u> | <u>Name and Address:</u> |
|----------------------------|--|
| "AMBR" = Authorized Member | |
| "MGR" = Manager | |
| <u>AMBR/MGR</u> | <u>Aligned Bayshore Managing Member LLC</u> <u>1450 Brickell Avenue, Suite 1560</u> <u>Miami, FL 33131</u> |
| <u>AMBR</u> | <u>Borghese Naples I LLC</u> <u>2000 Island Blvd., Unit 407</u> <u>Aventura, FL 33160</u> |
| <u>AMBR</u> | <u>JBH Naples, LLC</u> <u>1450 Brickell Avenue, Suite 1560</u> <u>Miami, FL 33131</u> |
| <u>AMBR</u> | <u>Windward Trust</u> <u>c/o 1450 Brickell Avenue, Suite 1560</u> <u>Miami, FL 33131</u> |

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



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.)

Patricia M. Blasi, Authorized Representative

Typed or printed name of signer

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)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE IV (continued):

Additional Member:

Title:

Name and Address:

AMBR

Luma Properties Fifth, LLC
1167 Third St South
Naples, FL 34102