

Florida Department of State

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H150000988573)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORP USA

Account Number: 072450003255

Phone

: (305)634-3694

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. NW8, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

Electronic Filing Menu

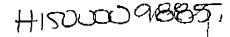
Corporate Filing Menu

Help

https://efile.sunbiz.org/scripts/efilcovr.exe PAGE 01/02

4/22/2015

J. HARRIS



ARTICLES OF ORGANIZATION FOR NW8, LLC

ARTICLE I - Name:

The name of the Limited Liability Company is: NW8, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is: 2627 South Bayshore Drive, Unit 908, Miami, Florida 33133.

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

The name and the Florida street address of the registered agent are: Samuel Spencer Blum, Esquire, 2666 Tigertail Avenue, Suite 106, Coconut Grove, Florida 33133.

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, Florida Statutes.

Registered Agent's Signature

Article IV

The name and address of each person authorized to manager and control the Limited Liability Company (AMBR = Authorized Member / MGR = Manager):

Tille:	, ,	Name and Address:
	Manager	Jeffrey S. Meyer 97 Ridge Acres Road Darien, CT 06820
		Signature of a member or an authorized representative of a member,
	(In accordance with Section 605,0203 (execution of this document constitutes an ago of perjury that the facts stated herein are triinformation submitted in a document to constitutes a third degree felony as proving Florida Statutes)	firmation under the penalties ie. I am aware that any false the Department of State

Samuel Spence planprinted name of sign

ATTORNEY AT LAW

ESGE TICENTAL AVENUE, SUITE 106 COCONUT GROVE, FLORIDA 32123 TELEPHONE: (305) 484-1685 TELEFAX (305) 454-3314

PAGE 02/02