

500271345485

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

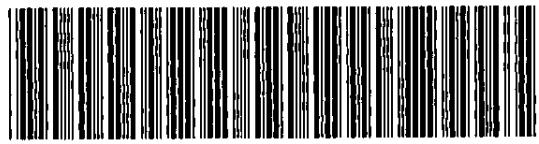
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/27/15--01001--017 **155.00

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CONSULAR AFFAIRS
15 APR 24 PM 4:38
IN REPLY TO
10 ACKNOWLEDGE
SUFFICIENCY OF FILING
FILED
15 APR 24 AM 10:45
DEPARTMENT OF STATE
OFFICE OF THE SECRETARY

APR 27 2015
S. YOUNG

CORP DIRECT AGENTS, INC.
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-23

CONTACT: MICHELE HOLDEN

DATE: 04/24/2015

REF. #: 9528524

CORP. NAME: HARBORVIEW CONDO UNIT 7, LLC

- | | | |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |

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15 APR 24 AM 10:45
CLERK OF STATE

STATE FEES PREPAID WITH CHECK# 70039155 FOR \$ 155.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

**ARTICLES OF ORGANIZATION
OF
HARBORVIEW CONDO UNIT 7, LLC**

ARTICLE I: - Name

The name of the Limited Liability Company is **HARBORVIEW CONDO UNIT 7, LLC**

ARTICLE II: - Address

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

**1101 Brickell Avenue
8th Floor
Miami, Florida 33131**

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

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

**NRAI Services, Inc.
1200 South Pine Island Road
Plantation, Florida 33324**

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.

NRAI Services, Inc., as Registered Agent

By: *Michelle Holden*
Name: *Michelle Holden*
Title: *Asst. Sec.*

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ARTICLE IV: - Management

The name and address of each person authorized to manage and control the limited liability company is as follows:

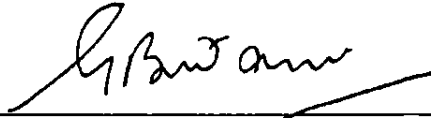
Title:

Name and Address:

AMBR

P3 Real Estate, LLC
1101 Brickell Avenue
8th Floor
Miami, Florida 33131

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization on April 23, 2015.



Gaurav Butani, 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 Section 817.155, Florida Statutes.)

Gaurav Butani

Typed or printed name of signee

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TALLAHASSEE, FLORIDA