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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : HAILE, SHAW & PFAFFENBERGER, P.A.

Account Number: 076326003550 Phone : (561)627~8100

Fax Number : (561)622-7603

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

## FLORIDA LIMITED LIABILITY CO. 8401 SE FEDERAL, LLC

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Help

# ARTICLES OF ORGANIZATION OF

## 8401 SE FEDERAL, LLC

The undersigned authorized representative of a member, for the purpose of forming a limited liability company under the Florida Limited Liability Act, Florida Statutes Chapter 605 (the "Act"), hereby makes, acknowledges and files the following Articles of Organization:

#### ARTICLE I --- NAME

The name of the limited liability company is 8401 SE FEDERAL, LLC (the "Company").

## **ARTICLE 11 - ADDRESS**

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

8401 SE Federal Highway Hobe Sound, FL 33455

## **ARTICLE III - REGISTERED AGENT**

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

Haile, Shaw & Pfaffenberger, P.A. 660 U.S. Highway One - Third Floor North Palm Beach, FL 33408

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.

HAILE SHAW & PFAFFENBERGER, P.A.

Oren S Topini For

(P379.002/0023725 V1) FAN: H15000146119 3

No. 4121 P. 3

Jun. 15. 2015 1:36PM FAN: H150001461193

## ARTICLE IV — MANAGEMENT

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

Name and Address Title\_ AMBR. Deborah Cantor 8401 SE Federal Highway Hobe Sound, FL 33455

Dated: June 15, 2015

REQUIRED SIGNATURE

Oren S. Tasini, Authorized Representative

(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.)

(P379,002/00323725 v1) FAN: H15000146119 3