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**Florida Department of State
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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : LAW OFFICE OF GERALD K. SCHWARTZ, P.A.
Account Number : I20080000083
Phone : (305) 673-1101
Fax Number : (305) 673-5505

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

Email Address: Elizabeth@geraldklaw.com

FLORIDA LIMITED LIABILITY CO.

830 Michigan LLC

Certificate of Status	1
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 JAN 13 PM 1:38

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**ARTICLES OF ORGANIZATION
FOR
830 Michigan LLC,
a Florida limited liability company**

2016 JAN 13 PM 1:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned, desiring to form a limited liability company for the purposes set forth herein and in conformance with the Florida Limited Liability Company Act, does hereby establish the following:

ARTICLE I- NAME:

The name of the limited liability company is: 830 Michigan LLC.

ARTICLE II- ADDRESS:

The address of its principal place of business, as well as the mailing address for this limited liability company is: 830 Michigan LLC, c/o Elsa M. Urquiza, 227 E. Rivo Alto Drive, Miami Beach, Florida 33139.

ARTICLES III- REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT'S SIGNATURE

The name and the Florida address of the registered agent are: Elsa M. Urquiza, 227 E. Rivo Alto Drive, Miami Beach, Florida 33139.

Having been named as registered agent and to accept service of process for the above state 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.


Elsa M. Urquiza, Registered Agent

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ARTICLE IV

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

TITLE:

NAME AND ADDRESS:


Manager

Elsa M. Urquiza
227 E. Rivo Alto Drive
Miami Beach, Florida 33139

ARTICLE -V - Effective Date, if other than the date of filing: _____ (Optional)

ARTICLE- VI- Other provisions, if any.

REQUIRED SIGNATURE:



ELSA M. URQUIZA, Authorized Signature

(In accordance with Section 605.0203 (1)(b), Florida Statute, 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 s817.155, F.S.)

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