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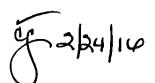


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COVER LETTER

	stration Section sion of Corporations	10
SUBJECT:	2800 N FLAGLER DRIVE #914 LLC	
SUBJECT:	Name of Limited Liability Company	
The enclosed	Articles of Organization and fee(s) are submitted for filing.	
Please returi	all correspondence concerning this matter to the following:	
	USAN HOFHERR	
-	Name of Person	
	Firm/Company	
	735 S DIXIE HIGHWAY	
-	Address	
	/EST PALM BEACH, FL 33405	
s	City/State and Zip Code ISAN@AUTHENTICPROVENCE.COM	
	E-mail address: (to be used for future annual report notification)	
For further inf	rmation concerning this matter, please call:	
S	USAN HOFHERR 561 805-9995 at ()	
~~	Name of Person Area Code Daytime Telephone Number	
Enclosed is	check for the following amount:	
\$125.00 Fili	g Fee \$\int_{\text{S130.00 Filing Fee & Certificate of Status}} \int_{\text{S155.00 Filing Fee & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)}} \int_{\text{Certified Copy (additional copy is enclosed)}} \int_{\text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \int_{\text{Certified Copy (additional copy is enclosed)}}} \int_{\text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \int_{\text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \int_{\text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \int_{\text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \int_{\text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \int_{\text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \int_{\text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \int_{\text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \int_{\text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \int_{\text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \int_{\text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \int_{\text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \int_{\text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \int_{\text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \int_{\text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \int_{\text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \int_{\text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \int_{\text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \int_{\text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \int_{\text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \int_{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)	
	Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, Fl. 323142661 Executive Center CircleTallahassee, FL 3230177	FILED

EFFECTIVE DATE 02/15/10

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

RTI	£	ſ	N.	 .

The name of the Limited Liability Company is:

FILED

16 FEB 16 PN 3-47

2800 N FLAGLER DRIVE #914 LLC

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

MOVEMENT FORME ALLAIANTE FLORIDI

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:
3735 S DIXIE HIGHWAY	3735 S DIXIE HIGHWAY
WEST PALM BEACH, FL 33405	WEST PALM BEACH, FL 33405

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

SUSAN HOFHERR		
	Name	
3735 S DIXIE HIGH	WAY	
Florida street address	(P.O. Box <u>NOT</u> ac	cceptable)
WEST PALM BEAC	H FL	33405
City	State	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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

"MGR" = Manager MGR SUSAN HOFHERR 373.5 S DIXE HIGHWAY WEST PALM BEACH, PL 33405 (Use attachment if necessary) TLE V: Effective date, if other than the date of filling: 02/15/2016 (OPTIONAL) ffective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days a e of filing.) If the date inserted in this block does not meet the applicable statutory filling requirements, this date will not be lister unent's effective date on the Department of State's records. TLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member or ar authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. Lam 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.	Title:	A code a servered NA code cod	Name and Address:
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Page 2 of 2

Typed or printed name of signee

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)