

Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : HUBCO
Account Number : 104662003400
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Fax Number : (800)293-4075

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

Email Address: lynn@flapas.com

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SECRETARY OF STATE
DIVISION OF CORPORATIONS**FLORIDA LIMITED LIABILITY CO.****413 East Atlantic Street LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

MAR 04 2016

F SCOTT

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

413 East Atlantic Street LLC

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

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

71 Compass Lane
Fort Lauderdale, FL 33308

71 Compass Lane
Fort Lauderdale, FL 33308

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Michael J Nelson

Name

71 Compass Lane

Florida street address (P.O. Box **NOT** acceptable)


Fort Lauderdale

City

FL 33308

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)

Michael J Nelson

(CONTINUED)

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ARTICLE IV-

Title:

"MGR" = Manager

AMBR

Michael J Nelson

71 Compass Lane

Fort Lauderdale, FL 33308

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Signature of a member or an 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 s 817.155, F.S.)

Michael J Nelson

Typed or printed name of signer