

L160000093496

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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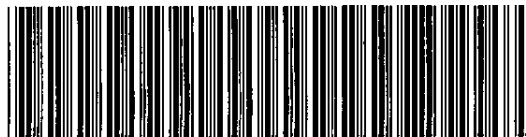
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 18 2018

T SCHROEDER

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 146208 4311639

AUTHORIZATION :



COST LIMIT : \$ 155.00

ORDER DATE : May 18, 2016

ORDER TIME : 2:41 PM

ORDER NO. : 146208-010

CUSTOMER NO: 4311639

DOMESTIC FILING

NAME: COMPSON BOCA ARGENT, LLC

EFFECTIVE DATE:

_____ ARTICLES OF INCORPORATION
_____ CERTIFICATE OF LIMITED PARTNERSHIP
XX _____ ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX _____ CERTIFIED COPY
_____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender - EXT. 62956

EXAMINER'S INITIALS: _____

**ARTICLES OF ORGANIZATION
OF
COMPSON BOCA ARGENT, LLC**

ARTICLE I: - Name

The name of the Limited Liability Company is: **COMPSON BOCA ARGENT, LLC**

ARTICLE II: - Address

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

**36 S.E. 6th Street
Boca Raton, Florida 33432**


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

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

**Corporation Service Company
1201 Hays Street
Tallahassee, Florida 32301**

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.

Corporation Service Company,
Registered Agent

By: 
Name: Melissa Zender
Title: Asst. Vice President

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ARTICLE IV: - Management

The Limited Liability Company is to be managed by one or more managers and is, therefore, a manager - managed company. The name and address of the manager authorized to manage and control the limited liability company are as follows:

<u>Title:</u>	<u>Name and Address:</u>
MGR	Andrew Penson 551 Fifth Avenue, 34 th Floor New York, New York 10176

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization on May 17, 2016.



Daniel Jacobson, Authorized Signer

(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.)

Daniel Jacobson
Typed or printed name of signee

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