Page 1 of 1 **Division of Corporations** of Corpor ations Electronic Filing Cover Sheet Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document. (((H16000173724 3))) H160001737243ABC+ Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet. To: Division of Corporations Fax Number : (850) 617-6381 From: Account Name : CORP USA ວົ Account Number : 072450003255 Ц, Phone : (305)634-3694 Fax Number : (305)633-9696 **Enter the email address for this business entity to be used for future i C annual report mailings. Enter only one email address please.** ې لمريد. \bigcirc Ş., 171 \sim 5 2. 1. 1. 1. 1. RECEIVE FLORIDA LIMITED LIABILITY CO. M T.K. HOMESTEAD, LLC. <u>က</u> Certificate of Status 0 R Certified Copy 1 2 Page Count 03 Estimated Charge \$155.00 Electronic Filing Menu Corporate Filing Menu JUL 1 2017 Help

S. GILBERT

H10000173724

ARTICLES OF ORGANIZATION OF T.K. HOMESTEAD, LLC.

ARTICLE I - NAME

The name of the Limited Liability Company shall be:.

T.K. Homestead, LLC.

ARTICLE II - ADDRESS

The mailing address is 2050 Coral Way, Suite 400, Miami, FL 33145 and the street address of the principal office of the Limited Liability Company is 2050 Coral Way, Suite 400, Miami, FL 33145.

ARTICLE III – REGISTERED AGENT

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

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

Giorgio L. Ramirez, Esq. 7300 N. Kendall Drive, Suite 520 Miami, FL 33156

Having been named as registered agent and to accept service of process for the above stated limited limiting company of 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 <u>my position as registered</u> agent as provided for in Chapter 605, F.S.

Registered Agence Signature

ARTICLE IV - AUTHORIZED MEMBER(S) OR MANAGER(S)

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

AMBR

Town Brickell Group, LLC. 2050 Coral Way, Suite 400 Miami, FL 33145

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Signature of a member of an authorized representative of a member. (in accordance with section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes on offirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information in a document to the Department of State constitutes a third degree follows as provided for in § 317.155, F.S.)

Giorgio L. Rumitez, Erq., Anorney-in-Fret and Registered Agent

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