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8/26/14

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

ACCOUNT NO. : I20000000195

REFERENCE : 266132 4305390

AUTHORIZATION : *[Signature]*

COST LIMIT : \$ 125.00

ORDER DATE : August 24, 2016

ORDER TIME : 10:03 AM

ORDER NO. : 266132-005

CUSTOMER NO: 4305390

DOMESTIC FILING

NAME: 2N WASHINGTON, LLC

EFFECTIVE DATE:

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

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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

CONTACT PERSON: Melissa Zender - EXT.

EXAMINER'S INITIALS: _____

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ARTICLES OF ORGANIZATION
OF
2N WASHINGTON, LLC

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To: The Secretary of State
State of Florida

The undersigned, for the purposes of forming a limited liability company pursuant to the provisions of s.605, of the Florida Statutes, does hereby execute the following Articles of Organization:

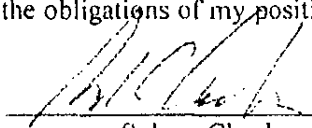
ARTICLE I: Name of the limited liability company:

2N WASHINGTON, LLC

ARTICLE II: The mailing address and street address of the principal office of the limited liability company is c/o Turnberry Ocean Colony, 16047 Collins Ave., Apt. 1004, Sunny Isles Beach, Florida 33160.

ARTICLE III: Registered Agent Name & Address: The address of the limited liability company's initial registered office is c/o Turnberry Ocean Colony, 16047 Collins Ave., Apt. 1004, Sunny Isles Beach, Florida 33160. The name of the limited liability company's registered agent is Sylvan Chackman.

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.


Sylvan Chackman

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

MGR

Sylvan Chackman
c/o Turnberry Ocean Colony
16047 Collins Ave., Apt. 1004
Sunny Isles Beach, Florida 33160


AMBR

Sylvan Chackman
c/o Turnberry Ocean Colony
16047 Collins Ave., Apt. 1004
Sunny Isles Beach, Florida 33160

ARTICLE V: The undersigned represents that this limited liability company has one (1) or more members.

The undersigned represents that this filing complies with the requirements detailed in s. 605.0203(1)(b) of the Florida Statutes. The undersigned hereby attests that he is authorized to sign this certificate on the limited liability company's behalf. I am aware that any false information submitted in a documents to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Date: August 18, 2016


Sylvan Chackman

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