Division of Corporations

L16000164714

Florida Department of State
Division of Corporations
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.

(((H16000219459 3)))

H160002194593ABC4

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

RECEIVED 16 SEP -6 PM 4:55

To:

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

From:

Account Name : CORP USA
Account Number : 072450003255
Phone : (305)634-3694
Fax Number : (305)633-9696

FILED 16 SEP -2 PM 1:58 SECRETARY OF STATE TALLAHASSEE, FLORIDA

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

Email Address: _____

FLORIDA LIMITED LIABILITY CO.
CITY WALK ACQUISITION, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	$125.00

RUSH

115390

please file on the day that was faxed 9/2/16

Electronic Filing Menu Corporate Filing Menu Help

n fax 9/6

9/7/16

TRANSMISSION VERIFICATION REPORT

TIME : 09/02/2016 15:21
NAME : CORP USA
FAX : 3056339696
TEL : 18005862685
SER.# : BROG6J504820

DATE,TIME	09/02 15:20
FAX NO./NAME	18506176381
DURATION	00:00:45
PAGE(S)	03
RESULT	OK
MODE	STANDARD ECM

Electronic Filing Menu Corporate Filing Menu Help

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

From:
Account Name : CORP USA
Account Number : 072450003255
Phone : (305)634-3694
Fax Number : (305)633-9696

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

Email Address:

FLORIDA LIMITED LIABILITY CO.
CITY WALK ACQUISITION, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	$125.00

115390

H16000219459

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

CITY WALK ACQUISITION, 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:
1080 PITTSFORD VICTOR ROAD	1080 PITTSFORD VICTOR ROAD
PITTSFORD NY 14534	PITTSFORD, NY 14534

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:

MURAI WALD BIONDO & MORENO PLLC
Name

2121 PONCE DE LEON BLVD., SUITE 600
Florida street address (P.O. Box NOT acceptable)

CORAL GABLES	FL	33134
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)

FILED
16 SEP -2 PM 1:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(CONTINUED)

09/06/2016 16:42 3056339696 CORP USA PAGE 03/04

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

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager MANAGER	ROBERT MORGAN 1080 PITTSFORD VICTOR ROAD PITTSFORD, NY 14534

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

_____

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
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.

GERALD BIONDO
Typed or printed name of signee

FILED
16 SEP -2 PM 1:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)

H16000219459
09/06/2016 16:42 3056339696 CORP USA PAGE 04/04