

L16000204443

Division of Corporations

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FLORIDA LIMITED LIABILITY CO.  
1601 S. CONGRESS, LLC

Certificate of Status	0
Certified Copy	0
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NOV 08 2016

T. SCOTT

NOV -7 AM 10:08


16 NOV -7 11:49:19

**ARTICLES OF ORGANIZATION  
OF  
1601 S. CONGRESS, LLC  
a Florida Limited Liability Company**

The undersigned, pursuant to the provisions of Chapter 605 of the Florida Statutes, for the purpose of forming a Limited Liability Company under the laws of the State of Florida does set forth the following:

- 1. NAME. The name of the Limited Liability Company is 1601 S. CONGRESS, LLC (the "Company").
- 2. MAILING AND STREET ADDRESS OF PRINCIPAL OFFICE. The mailing address for the Company is: 550 Arvida Parkway, Coral Gables, FL 33156.
- 3. REGISTERED AGENT. The name and address of the initial registered agent in the State of Florida, whose Consent to Appointment as Registered Agent accompanies these Articles of Organization, is: Eyal Alfi, 550 Arvida Parkway, Coral Gables, FL 33156.
- 4. MANAGEMENT. The business of the limited liability company shall be managed by one or more managers and is, therefore, a manager-managed company. The name of the initial manager is Eyal Alfi, 550 Arvida Parkway, Coral Gables, FL 33156.

The undersigned has executed these Articles of Organization on the 7 day of November, 2016.

By:   
Eyal Alfi, Manager

19 NOV -7 AM 10:01

**CERTIFICATION OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 605.0113, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: 1601 S. CONGRESS, LLC.
2. The name and address of the registered agent and office is:

Eyal Alfi  
550 Arvida Parkwa  
Coral Gables, FL 33156.

*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 its 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.*

\_\_\_\_\_  
Eyal Alfi

11/7/16  
\_\_\_\_\_  
(Date)