Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

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From:

Account Name : FELDMAN & ASSOCIATES

Account Number : I20130000018 Phone : (786)258-5699 Fax Number : (866)856-1462

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

Email Address: paul@feldmanclosings.com

FLORIDA LIMITED LIABILITY CO. HOLLYWOOD 925, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
HOLLYWOOD 925, LLC	
(Must contain the words "Limited Liab	ility Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	and a Maria A Link Him Communica
The mailing address and street address of the principal office	of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2090 NE 186TH DR	2090 NE 186TH DR
N MIAMI BEACIL, FL 33179	N MIAMI BEACH, FL 33179
ADTICLE BLILL B. CAMALA AND Declarated Office & D	tratitional Asserts Charactume
ARTICLE III - Registered Agent, Registered Office, & R (The Limited Liability Company cannot serve as its own Reg	ristered 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 age	ent are:

Paul Feldman, Esq. Name 2750 NE 185th Street, Suite 203 Florida street address (P.O. Box NOT acceptable)

33180 FL Aventura 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, Thereby 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)

(CONTINUED)

	Title: "AMBR" = Authoriz	ted Member	Name and Address:	
"MGR" = Manager MGR	"MGR" = Manager			
		MARC BENAROUS		
			2090 NE 186TH DR	
			N MIAMI BEACII, FL 33179	
				
RTIC	(Use attachment if no		ling: (OPTIONAL)	
f an e e dat <u>tote:</u>	LEV: Effective date, fective date is listed, to filling.) If the date inserted in t	if other than the date of fil the date must be specific his block does not meet	ling: (OPTIONAL) c and cannot be more than five business days prior to or 90 days after the applicable statutory fiting requirements, this date will not be listed as	
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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)