Division of Constraints Page 1 of 2

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.

(((H17000226070 3)))



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

To:

From:

Division of Corporations

Fax Number : (850)617-6381

Account Name : CORP DSA

Account Number: 072450003255

: (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. **

Ema	ė.	٦.	Addrage

FLORIDA LIMITED LIABILITY CO. 5565 LEE BLVD, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

https://efile.sunbiz.org/scripts/efilcovr.exe

8/23/2017 08\S3\S01\ IE:58

ARTICLES OF ORGANIZATION FOR 5565 LEE BLVD, LLC

ARTICLE 1 - Name:

The name of the Limited Liability Company is: 5565 Lee Blvd, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is: 1828 South Bayshore Drive, Miami, Florida 33133.

ARTICLE III -Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are: Samuel Spencer Blum, Esquire, 2666 Tigertail Avenue, Suite 106, Coconut Grove, Florida 33133.

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, Florida Statutes.

Article IV The name and address of each person authorized to manager and control the Limited Liability Company (AMBR = Authorized Member / MGR = Manager): Title: Name and Address: Manager Dennis J. Leaton 1828 South Bayshore Drive Miami, Florida 33133 Signature of a member or an authorized representative of a member.

(In accordance with Section 605.0203 (1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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 Section 817.155, Florida Statutes)

> Dennis J. Leaton Typed or printed name of signee Samuel Spencer Blum

ATTORNEY AT LAW

2066 ticertail avenue, suite 108 coconut grove, florida 33/33 - Titlephone: (305) 854-1885 telepaxi (305) 654-33/4 E-MAR: sam@samblum.com

PAGE 82/82

CORP USA

3026333666

62:91 7102/62/80