

L17000211940

FAX AUDIT NO.: H17000268761 3

Florida Department of State
Division of Corporations
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((H17000268761 3))



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To: Division of Corporations
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From: Account Name : MICHAEL J. FREEMAN, P.A.
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DIVISION OF CORPORATIONS
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FLORIDA LIMITED LIABILITY CO.
FLATIRON 2303 LLC

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$160.00

17 OCT 12 AM 8:57
DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I – Name:

The name of the Limited Liability Company is:

FLATIRON 2303 LLC

ARTICLE II – Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address: 153 Sevilla Avenue
Coral Gables, FL 33134

Mailing Address: P.O. Box 140668
Coral Gables, FL 33114-0668

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

The name and the Florida street address of the registered agent are:

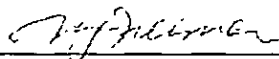
M.J. F. Registered Agent Corp.
Name

153 Sevilla Avenue
Florida Street Address (No P.O. Box)

Coral Gables, FL 33134
City, State, and Zip code

FILED
17 OCT 12 AM 8:55
CLERK OF THE CIRCUIT COURT
IN AND FOR THE COUNTY OF DADE
FLORIDA

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
(Michael J. Freeman, President)

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ARTICLE IV – Manager(s) or Managing Member(s):

The name and address of each Manager or Authorized Member is as follows:

Title:

*AMBR = Authorized Member
*MGR = Manager

Name and Address:

AMBR

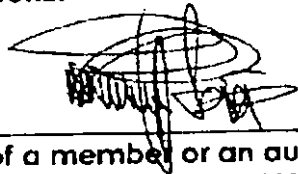
Patricia Loreto
6620 Indian Creek Drive
Apt 613
Miami Beach, FL 33141

MGR

Patricia Loreto
6620 Indian Creek Drive
Apt 613
Miami Beach, FL 33141

17 OCT 12 AM 8:57

REQUIRED SIGNATURE:



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 S. 817.155, F.S.)

Patricia Loreto

Type or print name of signee

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization & Designation of Registered Agent
- \$30.00 Certified Copy (Optional)
- \$5.00 Certificate of Status (Optional)