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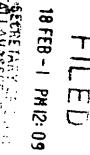
DATE 2/1/2018			#WALK IN
ENTITY NAME LONDOR	MONTCLAIRE CO-INVEST LLC		
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Please call Tina at th	e above number for any issues or concerns	. Thank you so	mach!

COVER LETTER

	w rung Section vision of Corporations		
SUBJECT:	London Montelaire Co-Invest LLC		
SUBJECT		imited Liability Company	
The enclose	ed Articles of Organization and fee(s)	are submitted for filing.	
Please retur	n all correspondence concerning this	natter to the following:	
	Angela Fletcher		
		Name of Person	
	Bridge Service Corp.		
		Firm/Company	
	299 Broadway, Suite 1508		
		Address	
	New York, NY 10007		
		City/State and Zip Code	
_	E-mail address: (to be use	ed for future annual report notifica	tion)
For further in	formation concerning this matter, plea	ase call:	
	Angela Fletcher	212 267-8600	
•	Name of Person	Area Code Daytime Telephor	ne Number
Enclosed is	a check for the following amount:		
\$125.00 Fil	ling Fee \$\int \text{S130.00 Filing Fee & Certificate of Status}	S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address	Street Address	

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

New Fifing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ted Liability Company is: Mailing Address: /o London Management Corp. //O! Brickell Avenue, Suite 1490 //diami, FL 33131 // gent's Signature: nt. You must designate an individual or
Mailing Address: /o London Management Corp. /O! Brickell Avenue, Suite 1490 Miami, FL 33131 .gent's Signature:
/o London Management Corp. /O1 Brickell Avenue, Suite 1490 /diami, FL 33131 /gent's Signature:
Ol Brickell Avenue, Suite 1490 Miami, FL 33131 gent's Signature:
gent's Signature:
gent's Signature: nt. You must designate an individual or

T acceptable)
33324
Zip
the above stated limited liability company at the stered agent and agree to act in this capacity. I oper and complete performance of my duties, and I ent as provided for in Chapter 605, F.S
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FILED

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

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager London RE Manager LLC	c/o London Management Corp. 701 Brickell Avenue, Suite 1490 Miami, FL 33131
	
he date of filing.)	cannot be more than five business days prior to or 90 days after oplicable statutory filing requirements, this date will not be listed a
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	2
This document is executed in acco	an authorized representative of a member. ordance with section 605.0203 (1) (b), Florida Statutes, ion submitted in a document to the Department of State

constitutes a third degree felony as provided for in s.817.155, F.S.

Typed or printed name of signee

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)