

L18000175978

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To:
Division of Corporations
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RECEIVED
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DIVISION OF CORPORATIONS
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**FLORIDA LIMITED LIABILITY CO.
LOFT I MIAMI 1806 LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

FILED
2018 JUL 24 AM 10:09
SECRETARY OF STATE
TALLAHASSEE, FL

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

LOFT I MIAMI 1806 LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:2901 Stirling Road, #308
FORT LAUDERDALE, FL 33312**Mailing Address:**2901 Stirling Road, #308
FORT LAUDERDALE, FL 33312**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(The Limited Liability Company cannot serve as its own Registered 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 agent are:

Harry M. Samuels

Name

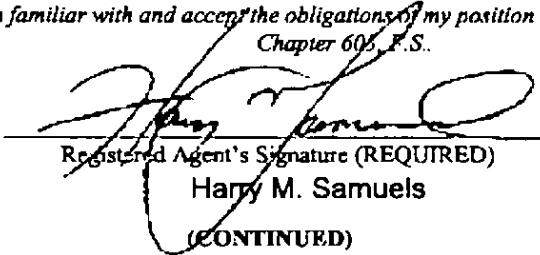
2901 Stirling Road, #307Florida street address (P.O. Box **NOT** acceptable)Ft. Lauderdale

City

FL 33312

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, 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 (REQUIRED)

Harry M. Samuels

(CONTINUED)

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

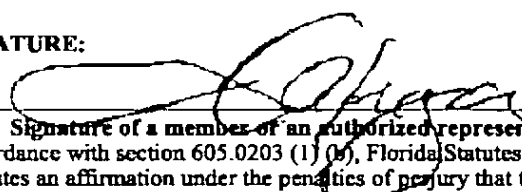
AMBRAMBR**Name and Address:**LEANDRO ORTEGA21 MARLBORO ST-UNIT 2NEWTON, MA 02458MARIEL ORTEGA21 MARLBORO ST-UNIT 2NEWTON, MA 02458

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

ARTICLE VI: Other provisions, if any.**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.)

LEANDRO ORTEGA

Typed or printed name of signer

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