: AnnMarie Cummins /4/2019	Fax: 12123791923	To:	Fax: (850) 617-63 Division of Corporatio		of 3 03/04/2019 3:26 P			
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, ,	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.							
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		Division of Corpo Fax Number :	orations (850)617-6381					
	4 F	Account Number : Phone :	COGENCY GLOBAL,INC. I20000000088 (800)221-0102 (800)944-6607					
	Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.							
	Email Address:							
	FLORIDA LIMITED LIABILITY CO. Normandy Shores LLC							
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To:

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

Normandy Shores LLC

(Must contain 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:	Malling Address:
779 N. Shore Drive	779 N. Shore Drive
Miami Beach, FL 33141	Miami Beach, FL 33141

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:

COGEN	ICY GI	OBAL INC.	
Na	me		
115 North C	alhour	n Street, Su	ite 4
Florida street address (P.	O. Box	NOT accept	able)
Tallahassee		Florida	32301
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, 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 gent as provided for in Chapter 605, F.S.

Registered Agent's Signature (REQUIRED) (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	Name and Address:
"MGR" = Manager AMBR	Dirk Gołdwasser
	779 N. Shore Drive Miami Beach, FL 33141
AMBR	Mark Goldwasser
	2 Cornell Street Scarsdale, NY 10583

(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.)

<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REOUIRED SIGNATURE: MD 1 Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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 \$.817.155, F.S. Mark F. Coldwell 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)

