

MAR/27/2019/WED 12:36 PM

FAX No.

P. 001

3/27/2019

Division of Corporations

Division of Corporations
Electronic Filing

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.

((H19000101975 3)))



H190001019753ABCD

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

To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : EXPRESS CORPORATE FILING SERVICE INC.
Account Number : I20000000146
Phone : (305)444-4994
Fax Number : (305)444-4977

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.
FLATIRON 3703 LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

19 MAR 27 AM 9:09
MAR 27 2019

Electronic Filing Menu

Corporate Filing Menu

Help

K PAGE

MAR 28 2019

ARTICLES OF ORGANIZATION

OF

FLATIRON 3703 LLC

ARTICLE I

The name of the limited liability company is FLATIRON 3703 LLC

ARTICLE II

The address of the principal office and the mailing address of the limited liability company is:

c/o 255 Alhambra Circle
Suite 500
Coral Gables, FL 33134

ARTICLE III

The purpose for which this Limited Liability Company is organized is any and all lawful business.

ARTICLE IV

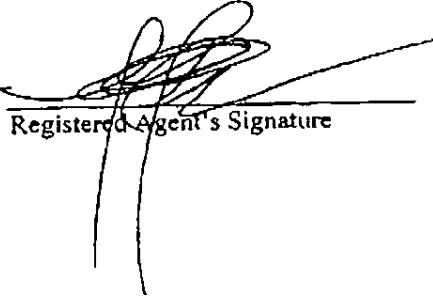
The name and the Florida street address of the registered agent of the limited liability company is:

ARAGON REGISTERED AGENTS, INC.
255 Alhambra Circle
Suite 500
Coral Gables, FL 33134

Having been named as the 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.

Date:

3/19/19


Registered Agent's Signature

ARTICLE V

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

Title:

Name and Address:

Manager

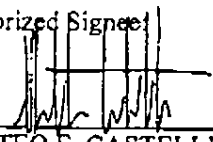
Matteo E. Castelli
c/o 255 Alhambra Circle
Suite 500
Coral Gables, FL 33134


Manager

Veronica M. Armenta
c/o 255 Alhambra Circle
Suite 500
Coral Gables, FL 33134

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.

Authorized Signee:


MATTEO E. CASTELLI


VERONICA M. ARMENTA