

L19000302044

(Requestor's Name)

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(City/State/Zip/Phone #)

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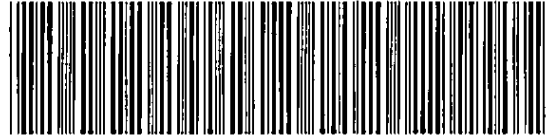
(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FL

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Account#: 120000000088

Date: 12/17/2019

Name: Merritt Walker

Reference #: 1164989

Entity Name: PLACE OCTOGONE PBP LLC

☒ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☒ Other CERTIFIED COPY OF THE FILING EVIDENCE

Authorized Amount: \$155

Signature: *MW*

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**ARTICLES OF ORGANIZATION  
OF  
PLACE OCTOGONE PBP LLC**

SECRETARY OF STATE  
TALLAHASSEE, FL

**ARTICLE I: - Name**

The name of the Limited Liability Company is:

**PLACE OCTOGONE PBP LLC**

**ARTICLE II: - Address**

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

**570 N.E. 57<sup>th</sup> Street  
Miami, Florida 33137**

**ARTICLE III: - Registered Agent, Registered Office, & Registered Agent's Signature**

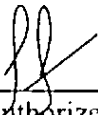
The name and the Florida street address of the registered agent are:

**Joseph Furst  
570 N.E. 57<sup>th</sup> Street  
Miami, Florida 33137**

*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.*

  
\_\_\_\_\_  
Joseph Furst, Registered Agent

**IN WITNESS WHEREOF**, the undersigned has executed these Articles of Organization on December 13, 2019.

  
\_\_\_\_\_  
Joseph Furst, Authorized Signer

(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 Section 817.155, Florida Statutes.)

Joseph Furst  
\_\_\_\_\_  
Typed or printed name of signee

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