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(((H20000029824 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : INTERSTATE FILINGS LLC

Account Number : I20110000086

: (718)569-2703

Phone Fax Number

: (718)504-7890

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address: <u>CONTACT(a)INTERSTATET1</u>

FLORIDA LIMITED LIABILITY CO. **VERDOT 1031 AT NORMANDY LLC**

Certificate of Status	0
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Fig.: Interstate Filings LLC \cdot To: VERDOT 1831 BT NORMENDY LLC $(((H20000029824\ 3)))$

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

VERDOT 1031 AT NORMANDY 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:	Mailing Address:
7190 SW 87TH AVE	7190 SW 87TH AVE
MIAMI, FL 33173	MIAMI, FL 33173

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:

INTERSTATE AGE	ENT SERVICES, LL	. <u>C</u>
	Name	
100 SE 2ND STREE	ET SUITE 2000 #20	9
Florida street addres	ss (P.O. Box <u>NOT</u> ac	cceptable)
MIAMI	<u>FI.</u>	33131
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 agent as provided for in Chapter 605, F.S..

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Fm:Interstate Filiags LLC - To:VERDOT 1031 AT NORMANDY LLC

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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 <u>MGRM</u>	YARIV BENSIRA 7190 SW 87TH AVE MIAMI, FL 33173
	
(Use attachment if necessary)	
the date of filing.)	specific and cannot be more than five business days prior to or 90 days after of meet the applicable statutory filing requirements, this date will not be listed as
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	
This document is exe I am aware that any fi	men berion an authorized representative of a member; cuted in accordance with section 605.0203 (1) (5), Florida Statutes, also information submitted in a document to the Department of State gree felony as provided for in \$ 817.155, F.S.
YARIV BENS	Typed or printed name of signee

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