Division of Corporations Electronic Filing Cover Sheet

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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.

(((H20000029807 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : INTERSTATE FILINGS LLC

Account Number : I20110000086 Phone : (718)569-2703

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: contact@interstatefilings.com

FLORIDA LIMITED LIABILITY CO. VERDOT 1031 AT BAY DRIVE LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

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TO: VERDOT 1831 AT BAY DRIVED (("H"20000029807 3)))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

VERDOT 1031 AT BAY DRIVE 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
<u> </u>	· · · · · · · · · · · · · · · · · · ·

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:

City	State	Zip
MIAMI	FL	33131
Florida street addre	ss (P.O. Box <u>NOT</u> a	eceptable)
100 SE 2ND STREE	ET SUITE 2000 #20	9
	Name	
INTERSTATE AGI	<u>ENT SERVICES, LL</u>	<u>.c</u>

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.

(CONTINUED)

diagent #Signature REDUIR

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ARTICLE IV-

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Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager MGRM	YARIV BENSIRA
MGRM	7190 SW 87TH AVE
	MIAMI, FL 33173
	
(Use attachment if necessary)	
TICLE V: Effective date, if other than the date of filing-	(OPTIONAL)
an effective date is listed, the date must be specific and date of filing.)	cannot be more than five business days prior to or 90 days after
	applicable statutory filing requirements, this date will not be listed a
document's effective date on the Department of State's	
TICLE VI: Other provisions, if any.	

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REOUIRED SIGNATURE:

Signature of a member of 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 s 817.155, F.S.

YARIV BENSIRA

Typed or printed name of signee