# Electronic Filing Cover Sheet

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.

(((H20000322918 3)))



H200003229183ABC.

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 : THERREL BAISDEN, LLP

Account Number : I2014000065 Phone

: (305)371-5758

Fax Number : (305)371-3178

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

Email	Address:	mhasner@therrelbaisden.com	

#### FLORIDA LIMITED LIABILITY CO.

2901 NW RIVER, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

#### ARTICLES OF ORGANIZATION FOR 2901 NW RIVER, LLC

#### ARTICLE I Name

The name of the Limited Liability Company is 2901 NW RIVER, LLC

## ARTICLE II Address

The mailing address and street address of the principal office of the Limited Liability Company is: 2100 Ponce De Leon Blvd, Penthouse 2, Coral Gables, FL 33134.

## ARTICLE III Duration

This limited liability company shall have a perpetual existence.

### ARTICLE IV Registered Agent

The street address of the initial registered office of the Limited Liability Company shall be Therrel Baisden, LLP, SunTrust International Center, One S.E. 3rd Avenue, Suite 2950, Miami, Florida 33131 and the name of the initial registered agent of the Limited Liability Company at that address is Mark M. Hasner, Esq.

## ARTICLE V Manager-Managed Company

The Limited Liability Company is to be managed by one or more managers and is therefore a manager-managed company.

#### ARTICLE VI Managers

The name and address of the Managers are as follows:

Philip Shechter 2100 Ponce De Leon Blvd Penthouse 2 Coral Gables, FL 33134

Sara C. Babun 2600 S. Douglas Road Suite 507 Coral Gables, FL 33134

9-18-20 9:57am p. 3 of 4

To: FAX SERVICE From: 3053589656

Mark M. Hasner, authorized representative

#### CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605 FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATED A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

- 1. The name of the Limited Liability Company is 2901 NW RIVER, LLC.
- 2. The name and the Florida street address of the registered agent and office are:

Mark M. Hasner, Esquire Therrel Baisden, LLP SunTrust International Center One S.E. 3rd Avenue, Suite 2950 Miami, Florida 33131

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.

Mark M. Hasner