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From: Yanet Avila

1/18/2021



Division of Corporations 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.

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I2000000146 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:	
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FLORIDA LIMITED LIABILITY CO. BIMINI APARTMENTS, LLC.

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

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

BIMINI APARTMENTS, LLC.

(Must contain 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:	Malling Address:	
1111 KANE CONCOURSE		
STE: 619	SAME	
BAY HARBOR ISLANDS, FL 33154		

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:

BARRY SHEVLIN		
	Name	
HII KANE CONCO	OURSE STE: 619	
Florida street addres	s (P.O. Box <u>NOT</u> as	cceptable)
BAY HARBOR ISL.	AND FL	33154
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 after position as registered agent as provided for in Chapter 605, F.S.

Registered Agent's Signature (REQU)

(CONTINUED)

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ARTICLE IV-

To: 18506176381

MGR BARRY SHEVLIN This document is executed in accordance with section 65.0203 (1) (b). Florida Statutes. EVI: Other provisions, if any. REQUIRED SIGN ATURE: Signature of a plengher of an authorized representative of a member. This document is executed in accordance with section 65.0203 (1) (b). Florida Statutes. I am aware their 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. BARRY SHEVLIN Typed o: printed name of Segistered Agent Filing Feets: Filing	Title:	Name and Address:	
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