Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number: 110432003053 : (561)694-8107 Phone : (561)214-8442 Fax Number

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

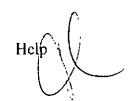
Email	Address:		_
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FLORIDA LIMITED LIABILITY CO. 4140 NW 5th Ave LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

Electronic Filing Menu

Corporate Filing Menu



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY



The name of the Limited Liability Company is:

4140 NW 5th Ave 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:

14154847068

Mailing Address:

6111 Broken Sound Parkway NW, Suite 200	6111 Broken Sound Parkway NW, Suite 200	
Boca Raton, FL 33487	Boca Raton, FL 33487	

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:

Associated Corporate 3	services, LLC	
	Name	·
6111 Broken Sound Pa	rkway NW, Suite 200	
Florida street addres	ss (P.O. Box <u>NOT</u> a	cceptable)
Boca Raton, FL 33487		
City	State	Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company of 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.

Jenisa Irizarry, Attomey-in-Fact

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Tith: "AMBR" = Auth "MGR" = Manag		Name and Address:
-	•	-
Authorized Repres	entative	Daniel A. Kaskel 6111 Broken Sound Parkway NW, Suite 200
		Boca Raton, FL 33487
		•
 		
		
(Use attachment	if necessary)	
ARTICLE V: Effective date is listented to the date of filing.) Note: If the date inserted the document's effective of the document's effectiv	ate, if other than the dated, the date must be so in this block does not date on the Department	ate of filing
ARTICLE V: Effective date is listed the date of filing.) Note: If the date inserted the document's effective of t	in this block does not date on the Department isions, if any. GNATURE: Signature of a 1 This document is executed am aware that any face.	t meet the applicable statutory filing requirements, this date will not be listed a nt of State's records. The state of a member of an authorized representative of a member. State of a member of an authorized representative of a member. State of a member of
ARTICLE V: Effective date is listented to filling.) Note: If the date inserted the document's effective of ARTICLE VI: Other proventials of the document of the filling of	in this block does not date on the Department isions, if any. GNATURE: Signature of a 1 This document is executed am aware that any face.	member or an authorized representative of a member. cuted in accordance with section 605.0203 (1) (b), Florida Statutes: clise information submitted in a document to the Department of State ree felony as provided for in s.817.155, F.S.

Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)