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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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COVER LETTER

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	Limited Liability Company	
ticles of Organization and fee(s)	are submitted for filing.	
correspondence concerning this	matter to the following:	
athan Steszewski, Esq.		
	Name of Person	,
zewski Medina, P.A.		
· · · · · · · · · · · · · · · · · · ·	Firm/Company	
00 NW 67th Ave., Suite 200		
	Address	
mi Lakes, FL 33014		
han@steszewskimedina.com	City/State and Zip Code	
E-mail address: (to be us	sed for future annual report notification	on)
Name of Person		Number
eck for the following amount:		
See \$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address New Filing Section	Street Address New Filing Section	
	han@steszewskimedina.com E-mail address: (to be us nation concerning this matter, please at the same of Person each for the following amount: See \$130.00 Filing Fee &	City/State and Zip Code han@steszewskimedina.com E-mail address: (to be used for future annual report notification attion concerning this matter, please call: at (

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

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SECNLIARY OF STATE TALLAHASSEE, FL 2555 Collins C3, LLC (Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

<u>Pri</u>	ncipal Office Address:		Mailing Address:
2555 Collins Av	e Unit 3	679	W. FLAGLER STREET
Miami Beach, F	L 33140	MIA	MI. FL 33144
	an active Florida registration		You must designate an individual o
her business entity with		on.)	r ou must designate an mutvidual o
her business entity with	an active Florida registration reet address of the registered	on.)	
her business entity with	an active Florida registration reet address of the registered	on.) d agent are: , Esq. Name	
ther business entity with	an active Florida registration reet address of the registered Jonathan Steszewski	on.) d agent are: , Esq. Name ., Suite 200	
ther business entity with	an active Florida registration reet address of the registered Jonathan Steszewski	on.) d agent are: , Esq. Name ., Suite 200	

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 seent as provided for in Chapter 605, F.S..

(CONTINUED)

Registered Agent-Signature (REQUIRED)

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	MAYRA M. LOPEZ
	6791 W. FLAGLER STREET
	MIAMI, FL 33144
	Fr. 🚅
	75
	<u></u>
	<u> </u>
	SC.
	<u> </u>
(Use attachment if necessary)	
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Filing Fees:

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

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)