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Division of Corporations

## Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

cor is all prize

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

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

Email Address:\_

FLORIDA: LIABILITY GO.

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Electronic Filing Menu Corporate Filing Menu

Help

## ARTICLES OF ORGANIZATION FOR FLORIDALIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

158 FIRE TOWER 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:

4001 NE 23rd Terrace Lighthouse Point, FL 33064

4001 NE 23rd Terrace Lighthouse Point, FL 33064

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:

Frank Valenti

Name

4001 NE 23rd Terrace

Florida street address (P.O. Box NOT acceptable)

Lighthouse Point

FL

32064

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 of my position as registered agent as provided for in Chapter 605, F.S.

Registered Agent's Signature (REQUIRED

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: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list ocument's effective date on the Department of State's records.	Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
(Use attachment if necessary)  ICLE V: Effective date, if other than the date of filing:  effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days a site of filing.)  if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list occument's effective date on the Department of State's records.  ICLE VI: Other provisions, if any.  Signature of a member of a member of state of a member.  Signature of a member of a member of state of a member.  Signature of a member of a member of state of a member.  Carla J. Vinetti  Typed of crimind pages of finese of sizes.	AMBR	Frank Valenti
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Filing Fees:

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

\$ 30.00 Certified Copy (Optional)
5 5.00 Certificate of Status (Optional)