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PICK-UP WAIT	MAIL
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Certified Copies Certificat	es of Status
Special Instructions to Filing Officer:	
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## **CORPORATE** ACCESS,

When you need ACCESS to the world

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236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

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XX	CERTIFIED COPY PHOTOCOPY					,	 _
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•	265 PARK LLC (CORPORATE NAME AND DOG	NIMESIT H	_				
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## COVER LETTER

	New Filing Section Division of Corpor				
SUBJEC	265 Park LLC				
		Name of	Limited Liabilit	y Company	
The enclo	osed Articles of Org	nnization and fee(s)	are submitted	for filing.	
Please ret	urn all corresponde	nce concerning this	matter to the fo	llowing:	
	Maura Ziska				
			Name of I	Person	<del></del>
	Kochman & Zisk	a PI.C			
			Firm/Con	npany	
	222 Lakeview A	venue, Suite 1500			
			Addre	ss	
	West Palm Beach	, FL 33401			
			City/State and	Zip Code	
	graham_dattels@f	<del> </del>	and for future or	 nual report notificati	
				inuai report notificati	on)
or further	information concern	ing this matter, ple	ase call:		
	Maura	at (	561	802-8960	
	Name of			Daytime Telephone	e Number
Enclosed	is a check for the fo	lowing amount:			
□\$125.0		\$130.00 Filing Fee crificate of Status	Certifie	.00 Filing Fee & d Copy I copy is enclosed)	■\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Ad New Filing Division of P.O. Box 6: Tallahassee	Section Corporations 27	ר 1 2	itreet Address New Filing Section Di The Centre of Tallaha 415 N. Monroe Stree Tallahassee, FL 3230	ssee et, Suite 810
		1 3	•		•

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability	Company is:			
265 Park LLC				
(Must conta	in the words "Limited Li	ability Compan	y, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street ad	dress of the principal off	ice of the Limite	ed Liability Company is:	
<u>Principa</u>	l Office Address:		Mailing Address:	
265 Park Avenue		26	5 Park Avenue	
Palm Beach, FL 3348	0	Pa	lm Beach, FL 33480	
The name and the Florida street a	Kochman & Ziska PLO	_		
	222 Lakeview Avenue			
	Florida street address (	P.O. Box <u>NOT</u>	acceptable)	
	West Palm Beach	FL	33401	
	City	State	Zip	
olace designated in this certificate, i further agree to comply with the pro	I hereby accept the appoint ovisions of all statutes rela	ntment as registe eting to the prop	he above stated limited liability comparered agent and agree to act in this capa er and complete performance of my dut t as provided for in Chapter 605, F.S	icity. I

(CONTINUED)

Registered Agent's Signature (REQUIRED)



<u>Title:</u>		
	.1	Name and Address:
"AMBR" = A "MGR" = Ma	uthorized Member	
	mager	
<u>MGR</u>		Graham Dattels 265 Park Avenue
		265 Park Avenue Palm Beach, FL 33480
	<u></u>	
<del></del>		
(Use attachme	ent if necessary)	
APTICLE V. Effective	e data, if other than the date (	of filing: (OPTIONAL)
(If an effective date is I	listed, the date must be sne	cific and cannot be more than five business days prior to or 90 days after
the date of filing.)		and and the mark than the sacritics any opinion to be you days after
Note: If the date incer	ted in this block does not m	
	ve date on the Department of	
the document's effective	ve date on the Department o	eet the applicable statutory filing requirements, this date will not be listed as if State's records.
the document's effective	ve date on the Department o	
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the document's effective ARTICLE VI: Other programme of the programme of t	ve date on the Department of rovisions, if any.  SIGNATURE:  Signature of a mer	mber or an authorized representative of a member.
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REQUIRED  \$125.00 Fili	SIGNATURE:  Signature of a mer This document is execute I am aware that any false constitutes a third degree  Maura Ziska, Auth	mber or an authorized representative of a member. ed in accordance with section 605.0203 (1) (b), Florida Statutes. information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.