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(Re	equestor's Name)	
(Ac	ddress)	_
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Be	usiness Entity Nan	ne)
(De	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

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CORPORATE ACCESS, _

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INC.

236 East 6th Avenue. Tallahassee, Florida 32303

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WALK IN

•		V	VALKIN		
	PICK	UP:	MISTY 6/29	<u> </u>	
	CERTIFIED COPY				- -
XX	РНОТОСОРУ				
	CUS				
XX	FILING	LLC			
1.	EDITION1201 LLC (CORPORATE NAME AND DOCUM	MENT #)			
2.					
3.	(CORPORATE NAME AND DOCUM	AENT#)			
	(CORPORATE NAME AND DOCUM	MENT#)		, <u> </u>	
4.	(CORPORATE NAME AND DOCUM	MENT #)		20000	
5.	(CORPORATE NAME AND DOCUM	IENT #)		 	
6.	(CORPORATE NAME AND DOCUM	(ENIT #)			- <u>-</u>
SPECIA INSTRU		ICIN I #)			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
, , ,	
E493-130111.C	
Edition1201 LLC	
(Must contain the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")
ADTICLETT	
ARTICLE II - Address:	
The mailing address and street address of the principal office of	of the Limited Liability Company is:
B	
Principal Office Address:	Mailing Address:
5371 North Bay Road	CIO Inno A. Francisco March
Miami Beach, Florida 33140	C/O James A. Essey Managing Member
tenanti Beach, Florida 55140	622 Third Avenue, 39th Floor
	New York, NY 10017
ADTIOLEUR B. C.	
ARTICLE III - Registered Agent, Registered Office, & Reg	gistered Agent's Signature:
(The Limited Liability Company cannot serve as its own Regis	tered 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	аге:
Corporate Creations Netwo	rk. Inc.
Nam	

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..

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

Florida

State

33408

Zip

801 US Highway 1

North Palm Beach

City

Registered Agent's Signature (REQUIRED)

(CONTINUED)



Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	James A. Essey 5371 North Bay Road
	Miami Beach, Florida 33410
-	
effective date is listed, the date must	ne date of filing:
ICLE V: Effective date, if other than the effective date is listed, the date must ate of filing.) If the date inserted in this block does occument's effective date on the Department.	be specific and cannot be more than five business days prior to or 90 days s not meet the applicable statutory filing requirements, this date will not be list
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CLE V: Effective date, if other than the effective date is listed, the date must stee of filing.) If the date inserted in this block doe ocument's effective date on the Depart CLE VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of This document is I am aware that an	Toocusigned by: If a member or an authorized representative of a member. executed in accordance with section 605.0203 (1) (b), Florida Statutes. y false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S.