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(	Requestor's Name)	
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DIVISION OF THE TALLAHAS SEE, FLORIDA

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# **CORPORATE**

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INC.

236 East 6th Avenue. Tallahassee, Florida 32303

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-	1800 BISCAYNE PLA		001 LLC		
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IAL RU(	CTIONS:				

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

1800 Biscayne Plaza				
(Must conta	in the words "Limited	Liability Comp	pany, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street ad	dress of the principal c	office of the Li	mited Liability Company is:	
<u>Principa</u>	Principal Office Address:		Mailing Address:	
788 NE 23rd St. #340	788 NE 23rd St. #3401 Miami, FL 33137		788 NE 23rd St. #3401 Miami, FL 3313	
<del></del>				
mother business entity with an action of the name and the Florida street a	-			
The name and the Florida Street a	Reena Talwar	d agent are: Name		
THE HAIRE AND THE FIORIDA STEEL A	Reena Talwar  788 NE 23rd St. #34	Name	<del></del> -	
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THE HAIRE AND THE FIORIDA STEEL A	788 NE 23rd St. #34 Florida street addres	Name 01 ss (P.O. Box No	OT acceptable) 33137	
THE HAIRE AND THE FIORIDA STEEL A	Reena Talwar  788 NE 23rd St. #34  Florida street addres	Name 01 ss (P.O. Box No		
aving been named as registered as lace designated in this certificate, t orther agree to comply with the pro	Reena Talwar  788 NE 23rd St. #34  Florida street addres  Miami  City  gent and to accept served thereby accept the approvisions of all statutes religations of my position	Name  01  SS (P.O. Box No. 1)  FL  State  ice of process foointment as regulating to the p.	Zip  Zip  or the above stated limited liability company sistered agent and agree to act in this capactroper and complete performance of my dutic gent as provided for in Chapter 605, F.S	

(CONTINUED)

### ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR	Reena Talwar_
	788 NE 23rd St. #3401
	Miami, FL 33137
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	~!
	. <i>i</i>
(Use attachment if necessary)	F .
	te of filing: (OPTIONAL)
e date of filing.)	pecific and cannot be more than five business days prior to or 90 days af meet the applicable statutory filing requirements, this date will not be listent of State's records.
REQUIRED SIGNATURE:	
<del></del>	rena Talwar
Re	
Resignature of a m	nember or an authorized representative of a member.
Signature of a m This document is exect I am aware that any fals	nember or an authorized representative of a member. uted in accordance with section 605.0203 (1) (b), Florida Statutes, se information submitted in a document to the Department of State
Signature of a m This document is exect I am aware that any fals	nember or an authorized representative of a member. uted in accordance with section 605.0203 (1) (b), Florida Statutes.
Signature of a m This document is exect I am aware that any fals	nember or an authorized representative of a member. uted in accordance with section 605.0203 (1) (b), Florida Statutes, se information submitted in a document to the Department of State

Filing Fees:
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

S 5.00 Certificate of Status (Optional)