Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000207200 3)))



H240002072003ABCR

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Io:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

**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 LIMITED LIABILITY CO. HABITUS JAX AIR BB2 LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

ARTICLE I - Name: The name of the Limited Liability Company is: Habitus JAX Air BB2 LLC (Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.") ARTICLE H - Address: The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: Mailing Address 1111 Brickell Avenue	·
Habitus JAX Air BB2 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: Mailing Address Habitus JAX Air BB2 LLC (Must contain the words "Limited Liability Company, "L.L.C.," or "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: Mailing Address [111] Brighell August	
(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: Mailing Address [111] Brighell August	·
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: Mailing Addre	
The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: Mailing Addre	
Principal Office Address: Mailing Addre	
III Brickell Augus	
1111 Brickell Avenue	<u>:59</u> :
Total Proof	
Miami, FL 33131 Miami, FL 33131	
The name and the Florida street address of the registered agent are:	
Perez Abello Law PLLC	
Name	
1390 S. Dixie Hwy, Suite 1309	
Florida street address (P.O. Box NOT acceptable)	
Coral Gables, FL 33146	
City State Zip	

(CONTINUED)

30522014≈0

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	Daniel Del Rio 1111 Brickell Ave, 10th Floor Miami, FL 33131
MGR	Mauricio Magana 1111 Brickell Ave. 10th Floor Miami, FL 33131
<u>MGR</u>	Pablo Ramos 1111 Brickell Ave, 10th Floor Miami, FL 33131
(Use attachment if necessary)	· · · · · · · · · · · · · · · · · · ·
ILE V: Effective date, if other than the date ffective date is listed, the date must be spe of filing.) If the date inserted in this block does not a	e of filing: (Of TIONAL) recific and cannot be more than five business days prior to or 90 days meet the applicable statutory filing requirements, this date will not be lightly
LEV: Effective date, if other than the date ffective date is listed, the date must be speed filing.)	meet the applicable ways of
ELE V: Effective date, if other than the date ffective date is listed, the date must be spe of filing.) If the date inserted in this block does not rument's effective date on the Department LE VI: Other provisions, if any. REQUIRED SIGNATURE:	meet the applicable statutory filing requirements, this date will not be lift of State's records.
ELE V: Effective date, if other than the date ffective date is listed, the date must be spe of filing.) If the date inserted in this block does not rument's effective date on the Department LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me This document is executed any aware that any folse	meet the applicable ways of

Filing Fees:
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)