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Coral Dome Ge	eneral Partner, LLC		
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Thank you Seth	Neelev		
1-4-	<u>-/</u>		
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		RA Resignation #1	
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Walk-In	Will Pick Up	Courier	

COVER LETTER

TO:	New Filing Section Division of Corporations		
SUBJE	CT:	er, LLC	
SOBJE		ame of Limited Liability Company	
The enc	losed Articles of Organization an	d fee(s) are submitted for filing.	
Please r	eturn all correspondence concern	ing this matter to the following:	
	Bibi Feliz		
		Name of Person	
	Bryn Law Group		
		Firm/Company	
	2 South Biscayne Blvd., Suit	e 2600	
		Address	
	Miami, Florida 33131		263
	bibi@brynlaw.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report notification)	7
For furthe	er information concerning this ma	tter, please call:	
	Bibi Feliz	305 374-0501 at ()	7: 1.7
	Name of Person	Area Code Daytime Telephone Number	•
Enclose	d is a check for the following amo	ount:	
■ \$125.	.00 Filing Fee	Status Certified Copy Certificate (additional copy is enclosed) Certified C	of Status &
	Mailing Address New Filing Section Division of Corporation P.O. Box 6327	Street Address New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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, -			•				

The name of the Limited Liability Company is:

Coral Dome General Partner, 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:

2 South Biscayne Blvd., Suite 2600	2 South Biscayne Blvd., Suite 2600
Miami, Florida 33131	Miami, Floirda 33131

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:

Principal Office Address:

Bryn Law Group	Name	 -	•	-
2 South Biscayne B	lvd., Suite 2600			
Florida street addi	ess (P.O. Box <u>NOT</u> acc	eptable)	<u>:</u>	
Miami	Florida	33131		
City	State	Zip		

Mailing Address:

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..

Jason l. Fischer
Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

Title:	t the state of	Name and Address:	
"MGR" = Mana	horized Member		
MGR	ige:	Jeff Prescott	
- India		2 South Biscayne Blvd., Suite 2600	
		Mjami, Florida 33131	
			
			<u> </u>
	-		
(Use attachment	t if nacaceamy)		
(Ose attachment	in necessary)		* 3
ARTICLE V: Effective d	late if other than the date of	filing: (OPTIONAL)	γρ,
If an effective date is list	ted, the date must be spec-	ific and cannot be more than five business days prior to o	r 90.days afte
he date of filing.)	,		
Note: If the date inserted	d in this block does not me	et the applicable statutory filing requirements, this date wil	I not be listed.
the document's effective	date on the Department of	State's records.	—— ts
DELCCE DATE OF			-:
RTICLE VI: Other prov	visions, if any.		· · · · · · · · · · · · · · · · · · ·
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REQUIRED ST	IGNATURE:DocuSigned		
<u>KLOOTKIN</u> SI	La Consignate	oy: 	
	Jul M	SCORT	
_	Signature of a mem	ber or an authorized representative of a member.	
		l in accordance with section 605.0203 (1) (b), Florida Statu	tes.
	I am aware that any false it	iformation submitted in a document to the Department of Si	ate
	constitutes a third degree for	elony as provided for in s.817.155, F.S.	
	Jetf Prescott		
		Typed or printed name of signee	
		-Mara an brunes umine of siBuse	

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)