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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : OLIVE JUDD, P.A. Account Number : I20200000171 Phone : (954)334-2250 Fax Number : (888)503-5258

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Empil	Address:			
CMGTT	Auuress.			

FLORIDA LIMITED LIABILITY CO. 140 SPARKMAN BRIDGE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
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COVER LETTER

TO:	New Filing Sec Division of Co						
SUBJE		KMAN BRIDGE, LI	LC				
30000	· · · · · · · · · · · · · · · · · · ·	Name of Limited Liability Company					
The enc	losed Articles of	Organization and fee	e(s) are submit	ted for filing.			
Please r	eturn all corresp	ondence concerning t	his matter to th	ne following:			
	NICOLE M	. VILLARROEL, ES	Q.				
			Name	of Person			
	OLIVE JUE	D, P.A.					
	· · · · · · · · · · · · · · · · · · ·	,,,,	Firm	Company			
	2426 EAST	LAS OLAS BOULE	VARD				
			A	ddress			
	FORT LAU	DERDALE, FL 3330	1				
	NVIII ARRO	DEL@OLIVEJUDD.	•	and Zip Code			
				re annual report notificat	ion)		
For further	er information co	ncerning this matter,	please call:				
	NICOLE M.	VILLARROEL	954 at (334-2250			
	Nam	ne of Person	Area Code	Daytime Telephon	ne Number		
Enclose	d is a check for t	he following amount:					
≣\$125	.00 Filing Fee	□\$130.00 Filing I Certificate of State	us Cer	155.00 Filing Fee & tified Copy onal copy is enclosed)	☐\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed		
	New F Divisi P.O. B	ng Address illing Section on of Corporations lox 6327 assee, FL 32314		Street Address New Filing Section D The Centre of Tallah 2415 N. Monroe Stre Tallahassec, FL 3230	assee et. Suite 810		

Fax:

2011 JUL 29 PH 2:5

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is: 140 SPARKMAN BRIDGE, 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: 1200 N. FEDERAL HIGHWAY 1200 N. FEDERAL HIGHWAY SUITE 226 SUITE 226 BOCA RATON, FL 33432 **BOCA RATON, FL 33432** 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:

OLIVE JUDD, P.A.		
No	arme	
2426 EAST LAS OLAS	BOULEVARD)
Florida street address (P.	O. Box <u>NOT</u> a	cceptable)
FORT LAUDERDALE	FL	33301
City	State	Zip

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Fax:

ARTICLE IV-

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<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR	JAMES MASTROGIACOMO
	1200 N. FEDERAL HIGHWAY, SUITE 226 BOCA RATON, FL 33432
•	
an effective date is listed, the date must e date of filing.) ote: If the date inserted in this block doe e document's effective date on the Depar	the date of filing: (OPTIONAL) It be specific and cannot be more than five business days prior to or 90 days after Its not meet the applicable statutory filing requirements, this date will not be listed as attent of State's records.
RTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	
\mathcal{M}	Oh Vellauvil
Signature o This document is I am aware that ar	of a member or an authorized representative of a member. executed in accordance with section 605.0203 (1) (b), Florida Statutes, by false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S.
NICOLE N	M. VILLARROEL Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)