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Florida Department of State
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To:
Division of Corporations
Fax Number : (850)205-0383

From:
Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305)634-3694
Fax Number : (305)633-9696

FLORIDA/FOREIGN LIMITED LIABILITY CO.

acqualina 1807, llc

| | |
|-----------------------|----------|
| Certificate of Status | 0 |
| Certified Copy | 1 |
| Page Count | 03 |
| Estimated Charge | \$155.00 |

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TALLAHASSEE, FLORIDA

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3

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I-Name:

The name of the Limited Liability Company is:
ACQUALINA 1807, LLC

(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:
2000 Island Blvd., PH-10
Aventura, FL 33160

Mailing Address:
2000 Island Blvd., PH-10
Aventura, FL 33160

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:

Name: **Andrey NERODENKOV**

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

**2000 Island Blvd., PH-10
Aventura, FL 33160**

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 608, F.S.



Registered Agent's Signature (REQUIRED)

SECRETARY OF STATE
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ARTICLE IV- Manager(s) or Managing Member(s):

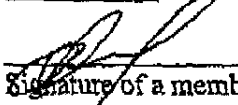
The name and address of each Manager or Managing Member is as follows:

| <u>Title:</u> | <u>Name and Address:</u> |
|--------------------------|--|
| "MGR" = Manager | |
| "MGRM" = Managing Member | |
| MGR | Andrey NERODENKOV 2000 Island Blvd., PH-10 Aventura, FL 33160 |
| MGRM | Anna KRUGLOVA - ARUTYUNYAN 2000 Island Blvd., PH-10 Aventura, FL 33160 |
| MGRM | Margarita NERODENKOVA - KRUGLOVA 2000 Island Blvd., PH-10 Aventura, FL 33160 |

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Andrey NERODENKOV
Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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