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.

(((H25000008785 3)))



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : COMPUTERSHARE Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

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

Email Address:____

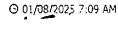
FLORIDA LIMITED LIABILITY CO.

200 Meridian LLC

Certificate of Status	1
Certified Copy	0
Page Count	05
Estimated Charge	\$130.00

Electronic Filing Menu Corporate Filing Menu

Help



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

→ 18506176381

RTICLE 1 -	Name:	
name of th	e Limited Liability Company is:	
200) Meridian LLC	
	(Must contain the words "Limited Liabi	lity Company, "L.L.C.," or "LLC.")
TICLEII	4.44	
TICLE II -		- (A) - (C) - (A) - (C) - (A)
: mailing ad	ldress and street address of the principal office	of the Limited Liability Company is:
	Principal Office Address:	Mailing Address:
220	99 NW South River Drive	3399 NW South River Drive
וכנ		
	ami FL 33142	Miami FL 33142
	- "	Miami FL 33142
Mia TICLE III nc Limited L	ami FL 33142 - Registered Agent, Registered Office, & R	egistered Agent's Signature:
ATICLE III he Limited L other busine	- Registered Agent, Registered Office, & Riciality Company cannot serve as its own Reg	egistered Agent's Signature: istered Agent. You must designate an individual or
Miz CTICLE III he Limited L other busine	- Registered Agent, Registered Office, & Reliability Company cannot serve as its own Registered with an active Florida registration.)	egistered Agent's Signature: istered Agent. You must designate an individual or nt are:

801 US Highway I Florida street address (P.O. Box NOT acceptable) North Palm Beach

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 l am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Chalsea Chapman
Registered Agent's Signature (REQUIRED)

(CONTINUED)

2025 JAN -8 AM 4: 27

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager		
AMBR	Victor Bared 3399 NW South River Drive 3rd Floor Miami FL 33142	-
		-
		-
		-
		•
		- -
		_
(Use attachment if necessary)		
CLE V: Effective date, if other than the dat effective date is listed, the date must be spate of filing.)	pecific and cannot be more than five business days prior to or 90 meet the applicable statutory filing requirements, this date will not tof State's records.	-
CLE V: Effective date, if other than the dat effective date is listed, the date must be space of filing.) If the date inserted in this block does not ocument's effective date on the Departmen	pecific and cannot be more than five business days prior to or 90 meet the applicable statutory filing requirements, this date will not	-
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CLE V: Effective date, if other than the dat effective date is listed, the date must be space of filing.) If the date inserted in this block does not occument's effective date on the Department CLE VI: Other provisions, if any. REQUIRED SIGNATURE:	meet the applicable statutory filing requirements, this date will not to of State's records. Chalsaa Chapman	be 1015 JAN -8
CLE V: Effective date, if other than the dat effective date is listed, the date must be sp te of filing.) If the date inserted in this block does not becoment's effective date on the Departmen CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a m This document is executed and aware that any false.	meet the applicable statutory filing requirements, this date will not tof State's records.	be li

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)