

L07000073782

Florida Department of State
Division of Corporations
Public Access System

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.

(((H07000182887 3)))



H070001828873ABC8

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

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

From: STEARNS WEAVER MILLER WEISSLER ALHADEF & SITTER
Account Name : STEARNS WEAVER MILLER WEISSLER ALHADEF & SITTER
Account Number : I20060000135
Phone : (305)789-3200
Fax Number : (305)789-3395

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07 JUL 17 PM 2:40

RECEIVED

FLORIDA/FOREIGN LIMITED LIABILITY CO.

Bloomington Apartments, LLC

Certificate of Status	1
Certified Copy	3
Page Count	02
Estimated Charge	\$220.00

[Signature]
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07 JUL 17 AM 8:17

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

H07000182887 3

**Electronic Articles of Organization
For
Florida Limited Liability Company**

Article I

The name of the Limited Liability Company is:

BLOOMINGDALE APARTMENTS, LLC

Article II

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

503 WEST PLATT ST.
TAMPA, FL. 33606

The mailing address of the Limited Liability Company is:

503 WEST PLATT ST.
TAMPA, FL. 33606

Article III

The purpose for which this Limited Liability Company is organized is:

ANY AND ALL LAWFUL BUSINESS.

Article IV

The name and Florida street address of the registered agent is:

NANCY R. LINSKY
503 WEST PLATT ST.
TAMPA, FL. 33606

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.

Registered Agent Signature:

Nancy R. Linsky
NANCY R. LINSKY

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07 JUL 17 AM 8:18

FILED

H07000182887 3

Article V

The name and address of managing members/managers are:

Title: MGRM
WFLP GROUP, LLLP
103 WEST PLATT ST.
TAMPA, FL. 33606

Signature of member or an authorized representative of a member

Signature Nancy R Linsky
NANCY R. LINSKY

FILED
07 JUL 17 AM 8:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H07000182887 3