

L13 000174878

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

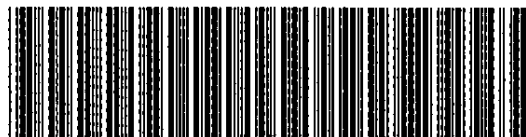
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Leslie S. Johnson

Direct Phone: 614.233.5161  
Direct Fax: 614.233.5191  
Email: [ljohnson@hahnlaw.com](mailto:ljohnson@hahnlaw.com)

December 13, 2013

Florida Department of State  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Re: 433 Bontona LLC**

Dear Sir or Madam:

Enclosed please find for filing, an original and one copy of Articles of Organization along with our check in the amount of \$125 for the filing fee. Please file the original, returning a time-stamped copy in the envelope provided.

Thank you for your assistance. If you have any questions, please feel free to contact me.

Very truly yours,

A handwritten signature in cursive script that reads "Leslie S. Johnson".

Leslie S. Johnson

jo  
Enclosures

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**HAHN LOESER & PARKS LLP** attorneys at law

cleveland columbus akron naples fort myers indianapolis san diego  
65 East State Street, Suite 1400 Columbus, Ohio 43215-4209 phone 614.221.0240 fax 614.221.5909 [hahnlaw.com](http://hahnlaw.com)

(850) 245-6051.

### COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: 433 Bontona LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Leslie S. Johnson, Esq.

Name of Person

Hahn Loeser & Parks LLP

Firm/Company

65 East State Street, Suite 1400

Address

Columbus, OH 43215

City/State and Zip Code

ljohnson@hahnlaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Leslie S. Johnson, Esq.

Name of Person

at ( 614 ) 233-5161

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$160.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**Mailing Address**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street/Courier Address**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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JULIA A. HARRIS

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

433 Bontona LLC

(Must end with 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:

433 Bontona Avenue  
Ft. Lauderdale, FL 33301

433 Bontona Avenue  
Ft. Lauderdale, FL 33301

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:

HL Statutory Agent, Inc.

Name

800 Laurel Oak Drive, Suite 600

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

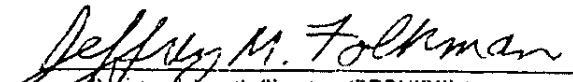
Naples,

FL

34108

City, State, and 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 608, F.S.*

  
\_\_\_\_\_  
Registered Agent's Signature (REQUIRED)  
Jeffrey M. Folkman, Vice President

(CONTINUED)

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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:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

Brady T. Quinn

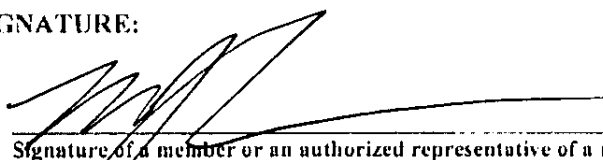
433 Bontona Avenue

Ft. Lauderdale, FL 33301

(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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Marc J. Kessler, Authorized Representative

Typed or printed name of signee

**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)**

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RECEIVED  
DEPARTMENT OF STATE  
CORPORATION DIVISION