

Division of Corporations

Page 1 of 1

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet
L15000058359

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.

(((H15000081911 3)))



H150000819113ABC-

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

2015 APR -2 AM 8:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 205-8842
Fax Number : (850) 878-5368

****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.
SJP Apartments, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

Please file second

REC
15 APR -2 AM 10:00
BUREAU OF CORPORATIONS
INFORMATION SERVICES

Electronic Filing Menu Corporate Filing Menu

Help

APR 03 2015
J. HARRIS

**ARTICLES OF ORGANIZATION
FOR FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is: SJP Apartments, LLC

ARTICLE II - Address:

Principal Office Address:

c/o CDP Companies
340 W. Flagler Street
Suite 313
Miami, Florida 33130

Mailing Address:


c/o CDP Companies
340 W. Flagler Street
Suite 313
Miami, Florida 33130

ARTICLE III - Registered Agent, Registered Office, and Registered Agent's Signature:

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

Thomas V. Eagan, Esq.
200 South Biscayne Boulevard
Suite 4700
Miami, Florida 33131

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

2015 APR -2 AM 8:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

ARTICLE IV - Manager(s) or Managing Member(s):

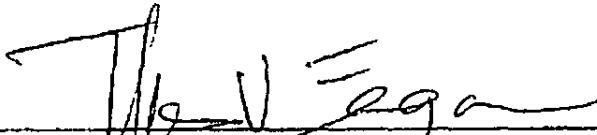
The name and address of each Manager or Managing Member is as follows:

Title:	Name and Address:
MGR	SJP Apartments MM, LLC c/o CDP Companies 340 W. Flagler Street Suite 313 Miami, Florida 33130

ARTICLE V - Effective Date:

The Articles of Organization shall be effective on the date of filing with the Division of Corporations.

SIGNATURE:



 Thomas V. Egan, as Authorized Representative
 Typed or printed name of signee

FILED
 2015 APR -2 AM 8:30
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA