

**L15000110209**

**Florida Department of State  
Division of Corporations  
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.**

(((H15000159818 3)))



H150001598183A9C5

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

RECEIVED

15 JUN 29 PM 3:58

SECRETARY OF STATE  
ALLAHASSEE, FLORIDA

**To:** Division of Corporations  
Fax Number : (850)617-6381

**From:** Account Name : CORP USA  
Account Number : 072450003255  
Phone : (305)634-3694  
Fax Number : (305)633-9696

SECRETARY OF STATE  
ALLAHASSEE, FLORIDA

15 JUN 29 AM 5:33

FILED

**\*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.  
VOLFRANZ #3 INVESTMENT 2015, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

96796

Electronic Filing Menu

Corporate Filing Menu

Help

④

H15000159818

**ARTICLES OF ORGANIZATION FOR  
VOLFRANZ #3 INVESTMENT 2015, LLC  
A FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - NAME**

The name of the Limited Liability Company is:

**VOLFRANZ #3 INVESTMENT 2015, LLC**

**ARTICLE II - ADDRESS:**

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

**C/O: 1390 Brickell Avenue, Suite 200  
Miami, Florida 33131**

**ARTICLE III - DURATION:**

The period of duration for the Limited Liability Company shall be perpetual.

**ARTICLE IV - MANAGEMENT:**

The Limited Liability Company is to be managed by a manager, or managers until the first annual meeting of the members or until their names are elected and qualify and the name(s) and Address(es) of such manager(s) who is/are:

**MICHELE VOLPE**

**C/O: 1390 Brickell Avenue, Suite 200  
Miami, Florida 33131**

15 JUN 29 AM 5:33  
SECRETARY OF STATE  
ALABAMA

This Instrument Prepared By: **Alvaro Castillo B., Esq.  
1390 Brickell Avenue, Suite 200  
Miami, Florida 33131  
(305) 371-5540  
Florida Bar No. 611761**

ARTICLE V - ADMISSION OF ADDITIONAL MEMBERS:

The right, if given, of the remaining members to admit additional members and the terms and conditions of the admissions shall be by (i) unanimous resolution and consent of the remaining members under the same terms and conditions as set forth from time to time by the remaining members and by (ii) filing a supplemental affidavit of capital contributions with Department of State, State of Florida setting forth the actual contributions of all members.

ARTICLE VI - MEMBERS RIGHTS TO CONTINUE BUSINESS:

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a membership of a member in the limited liability company shall be as set forth in a unanimous resolution and consent of the remaining members and in the event there are less than two members or in the event the remaining members do not reach a unanimous resolution with the determination of a membership of a member within 15 days from said termination, the limited liability company shall be dissolved.

The UNDERSIGNED Member or Authorized Representative, for the purpose of forming a Limited Liability Company to do business within the State of Florida, does make and file these Articles of Organization, hereby declaring and certifying that the facts stated are true.

By: \_\_\_\_\_

MICHELLE VOLFE, Manager

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

15 JUN 29 AM 5:32

FILED

**CERTIFICATE OF DESIGNATION OF  
REGISTER AGENT/REGISTER OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 605.0203 (1) (b), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTER AGENT, THE STATE OF FLORIDA.

1. The name of the limited liability company is:

**VOLFRANZ #3 INVESTMENT 2015, LLC**

2. The name and address of the registered agent and office is:

**ALVARO CASTILLO B., P.A.  
1390 Brickell Avenue  
Suite 200  
Miami, Florida 33131**

FILED  
15 JUN 29 AM 5:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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 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 REGISTER AGENT.

SIGNATURE

DATE