

Division of Corporations
H16000034227
 Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

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

From: Account Name : CORP USA
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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**FLORIDA LIMITED LIABILITY CO.
 1710 ASSOCIATES LLC**

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

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S. GILBERT

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H1600004226

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 1710 Associates 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:

Kimberly Peil
Name of Person

SCD Developments, Inc
Firm/Company

941 NE 19th Ave Suite 301
Address

Fort Lauderdale FL 33306
City/State and Zip Code

Kimberlypeil@southcrossdev.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kimberly Peil at (954) 525-1237
Name of Person 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/Conrker Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FILED

16 FEB 18 PM 7.06

CLERK OF THE STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

1710 Associates 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:

| | |
|----------------------------------|---------------------------------|
| <u>Principal Office Address:</u> | <u>Mailing Address:</u> |
| <u>941 NE 19th Ave</u> | <u>941 NE 19th Ave</u> |
| <u>Suite 301</u> | <u>Suite 301</u> |
| <u>Fort Lauderdale FL 33306</u> | <u>Fort Lauderdale FL 33306</u> |

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:

Kimberly Peil
Name

941 NE 19th Ave Suite 301
Florida street address (P.O. Box NOT acceptable)

Fort Lauderdale FL 33306
City 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 605, F.S.

Kimberly Peil
Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Mgr

AMBR

Name and Address:

Tony Robertson
9th NE 19th Ave Suite 301
Fort Lauderdale, FL 33306

AVC Investments LLC
9th NE 19th Ave Suite 301
Fort Lauderdale, FL 33306

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 2/16/16 (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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Kimberly Peil
Signature of a member or an authorized representative of a member.
(In accordance with section 605.0203 (1) (b), 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.)

Kimberly Peil
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)