

## 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.**

(((H18000008899 3)))



H180000088993ABCA

**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) 617-6381

## From:

Account Name : HUNT & GROSS, P.A.  
Account Number : 120010000038  
Phone : (561) 997-9223  
Fax Number : (561) 989-8998

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: dale@meminaventures.com

**FLORIDA LIMITED LIABILITY CO.  
WEXFORD TYSONS CORNER, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

JAN 09 2018

Electronic Filing Menu

Corporate Filing Menu

TISHROEDER

((H18000008899 3)))

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: WEXFORD TYSONS CORNER, 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:

BETSY COURANT

Name of Person

HUNT & GROSS, P.A.

Firm/Company

185 NW SPANISH RIVER BLVD., SUITE 220

Address

BOCA RATON, FL 33431

City/State and Zip Code

DALE@MERRIMACVENTURES.COM

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

For further information concerning this matter, please call:

Dale Reed

954

591-6272

at ( )

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**

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

**Street Address**

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

((H18000008899 3)))

((H18000008899 3)))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is:

WEXFORD TYSONS CORNER, 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

2434 E. Las Olas Blvd.  
Fort Lauderdale, FL 33301

2434 E. Las Olas Blvd.  
Fort 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:

Dale Reed

Name

2434 E. Las Olas Blvd.

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

Fort Lauderdale

FL


33301

City

State

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.

  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

((H18000008899 3)))

((H18000008899 3)))

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

Name and Address:

Dev Motwani

2434 E. Las Olas Blvd.

Fort 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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records

ARTICLE VI: Other provisions, if any

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member  
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.  
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.

DEV MOTWANI

Typed or printed name of signer

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)

((H18000008899 3)))