Division of Corporations



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.

(((H18000333332 3)))



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 : INTERSTATE FILINGS LLC

Account Number : I20110000086 Phone : (718)569-2703 : (718)504-7890 Fax Number

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

Email Address: contact@interstatefilings.com

FLORIDA LIMITED LIABILITY CO. UNIVERSITY PORTFOLIO TAMPA LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

Fm:Interstate Filings LLCTo:UNIVERSITY PORTFOLIO TAMPA LLC (((H18000333332 3)))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
UNIVERSITY PORTFOLIO TAMPA LLC	
(Must end with the words "Limited Liabilit	ty 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:
5014 16TH AVE #416	5014 16TH AVE #416
BROOKLYN, NY 11204	BROOKLYN, NY 11204

(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.)

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

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

FT SERVICES LL	<u> </u>
Name	
IVE	
(P.O. Box <u>NOT</u> ac	cceptable)
FL	32301
State	Zip
	Name IVE (P.O. Box <u>NOT</u> ac FL

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

as

Fm:Interstate Filings LLCTo:UNIVERSITY PORTFOLIO TAMPA LLC (((H18000333332 3)))

	Title: "AMBR" = Authorized Mem	Name and Address: per
	"MGR" = Manager MGR	YECHESKEL MILSTEIN
	111010	5014 16TH AVE #416
		BROOKLYN, NY 11204
	MGR	SHIA GRUNZWEIG
		5014 16TH AVE #416
		BROOKLYN, NY 11204
		
		
	(Use attachment if necessary	
ARTIC	LEV: Effective date, if other t	an the date of filing: (OPTIONAL)
(If an e	ffective date is listed, the date	must be specific and cannot be more than five business days prior to or 90 days after
	e of filing.) It the data inserted in this blood	does not meet the applicable statutory filing requirements, this date will not be listed a
INDIE.	nument's effective date on the I	the state of the s
		•
the doc	TEVE Other provisions if any	
the doc	LE VI: Other provisions, if any	
the doc	CLE VI: Other provisions, if any	
the doc	LE VI: Other provisions, if any	
the doc	REQUIRED SIGNATURE	
the doc		
the doc	REOUIRED SIGNATURE	ire;oku/meathurar;an;authorized/representative;oku/member;
the doc	REOUIRED SIGNATURE Signat This docume	

Page 2 of 2

Typed or printed name of signee

YECHESKEL MILSTEIN