

11/20/2018

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet  
**L18000268893**

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**FLORIDA LIMITED LIABILITY CO.  
UNIVERSITY PORTFOLIO TAMPA LLC**

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

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**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 Liability Company," "L.L.C.," or "L.L.C.")

**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  
BROOKLYN, NY 11204

5014 16TH AVE #416  
BROOKLYN, NY 11204

**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.)

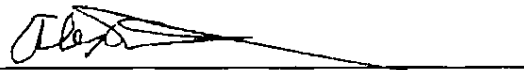
The name and the Florida street address of the registered agent are:

INTERSTATE AGENT SERVICES LLC  
Name

1540 GLENWAY DRIVE  
Florida street address (P.O. Box **NOT** acceptable)

TALLAHASSEE FL 32301  
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)

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