L19000145880

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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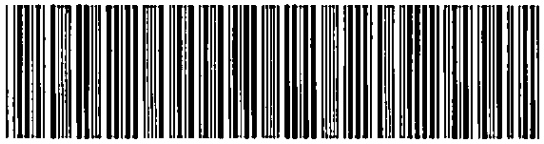

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N CULLIGAN

JUN 11 2019

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Summerlin 403, 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:

Shiraz A. Hosein
Name of Person

Anchors Smith Grimsley, PLC
Firm/Company

909 Mar Walt Drive, Suite 1014
Address

Fort Walton Beach, FL 32547
City/State and Zip Code

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

For further information concerning this matter, please call:

Shiraz A. Hosein at (850) 863-4064
Name of Person — Area Code — Daytime Telephone Number

Enclosed is a check for the following amount:

- [x] $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

ANCHORS SMITH GRIMSLEY
PROFESSIONAL LIMITED COMPANY
ATTORNEYS AND COUNSELORS AT LAW
909 Mar Walt Drive, Suite 1014
P. O. Box 2379
FORT WALTON BEACH, FLORIDA 32549
TELEPHONE (850) 863-4064
TELECOPIER (850) 664-5728

May 21, 2019

Florida Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

RE: Summerlin 403, LLC

To Whom It May Concern:

Enclosed please find the original Articles of Organization with Cover Letter for the above entity along with a check made payable to the Department of State for $125.00 for the necessary fee. If you need any further information, please do not hesitate to contact me.

Thank you for your consideration of this matter.

Sincerely,

SHIRAZ A. HOSEIN, ESQ.

Enclosures as stated

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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

Summerlin 403, LLC
(Must contain 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:**
774 Sundial Court, Unit 403	100 Sterling Browning Road
Fort Walton Beach, FL 32548	San Antonio, TX 78232

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.)

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TALLAHASSEE, FLORIDA

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

Shiraz A. Hosein, Esq.
Name

909 Mar Walt Drive, Suite 1014
Florida street address (P.O. Box **NOT** acceptable)

Fort Walton Beach	FL	32547
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)

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

Title:	**Name and Address:**
"AMBR" = Authorized Member "MGR" = Manager	
AMBR	Jennifer Bazar 100 Sterling Browning Road San Antonio, TX 78232
AMBR	Kristina Cooper-Friedman 52 Pearl Street E. Middletown, NJ 07748

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TALLAHASSEE, FLORIDA

(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.

Jennifer Bazar
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)