9000159843

| (Requestor's Name) |
|---|
| |
| (Address) |
| |
| (Address) |
| |
| (City/State/Zip/Phone #) |
| |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| |
| (Document Number) |
| |
| Certified Copies Certificates of Status |
| |
| Special lecturations to Filips Officer |
| Special Instructions to Filing Officer: |
| |
| |
| |
| |
| |
| |





800330992608

19 JUN 26 EH 5: 18

FILED

2019 APR 26 AH 11: 00

JJN 27 2019

K Brumbley

Tallhassee, FL 32301 Phone: 850-558-1500 ACCOUNT NO. : I2000000195 REFERENCE: 819068 AUTHORIZATION : COST LIMIT : \$ 125.00 ORDER DATE: June 24, 2019 ORDER TIME : 3:01 PM ORDER NO. : 819068-015 CUSTOMER NO: 7833946 DOMESTIC FILING NAME: M-2085 S CONGRESS MGR, LLC EFFECTIVE DATE: _ ARTICLES OF INCORPORATION ___ CERTIFICATE OF LIMITED PARTNERSHIP XX ARTICLES OF ORGANIZATION

EXAMINER'S INITIALS:

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner - EXT.

CERTIFIED COPY
PLAIN STAMPED COPY

CORPORATION SERVICE COMPANY

1201 Hays Street

COVER LETTER

| | New Filing Section Division of Corporations | | |
|---------------------|---|---|----------|
| SUBJEC. | M-2085 S Congress MGR, LLC | | |
| 303020 | | Limited Liability Company | |
| The enclo | sed Articles of Organization and fee(s) | e) are submitted for filing. | |
| Please ret | urn all correspondence concerning this | s matter to the following: | |
| | Camilo Miguel, Jr. | | |
| | | Name of Person | |
| | MC Manager, LLC | | |
| | | Firm/Company | |
| | 2601 S. Bayshore Drive, Ste. 850 | | |
| | | Address | |
| | Miami, FL 33133 | | |
| | cmigueljr@yahoo.com | City/State and Zip Code | |
| | | sed for future annual report notification) | |
| For further | information concerning this matter, ple | ease call: | |
| | Camilo Miguel, Jr. | 305 531-2426 | |
| | Name of Person | Area Code Daytime Telephone Number | |
| Enclosed i | s a check for the following amount: | | |
|]\$ 125.00 F | Siling Fee \$130.00 Filing Fee & Certificate of Status | \$155.00 Filing Fee & \$160.00 Filing Certificate of Certificate Copy (additional copy is enclosed) Certified Copy (additional copy | Status & |
| | Mailing Address New Filing Section Division of Corporations P.O. Box 6327 | Street Address New Filing Section Division of Corporations Clifton Building | |

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

| (Must | ress MGR, LLC contain the words "Limited L | iability Company, | "L.L.C.," or "LLC.") |
|---|--|---|--|
| ARTICLE II - Address: | | | |
| | eet address of the principal of | fice of the Limited | Liability Company is: |
| <u>Pri</u> | ncipal Office Address: | | Mailing Address: |
| 2601 S. Bayshor | e Drive | <u>2601</u> | S. Bayshore Drive |
| Children DEA | | Suite | e 850 |
| Suite 850 | | | |
| Miami, FL 3313 ARTICLE III - Registered The Limited Liability Com mother business entity with | I Agent, Registered Office, & pany cannot serve as its own I an active Florida registration | Mian k Registered Agent. Capacitation | mi, FL 33133 |
| Miami, FL 3313 ARTICLE III - Registered (The Limited Liability Comanother business entity with | Agent, Registered Office, & pany cannot serve as its own F an active Florida registration reet address of the registered a | Mian Mian Mian Mian Mian Mian Mian Mian | mi, FL 33133 nt's Signature: You must designate an individual or |
| Miami, FL 3313 ARTICLE III - Registered (The Limited Liability Comanother business entity with | Agent, Registered Office, & pany cannot serve as its own F an active Florida registration reet address of the registered a | Mian k Registered Agent. Capacitation | mi, FL 33133 nt's Signature: You must designate an individual or |
| Miami, FL 3313 ARTICLE III - Registered (The Limited Liability Comanother business entity with | Agent, Registered Office, & pany cannot serve as its own F an active Florida registration reet address of the registered a | Mian Registered Agent. Conservice Conservice | mi, FL 33133 nt's Signature: You must designate an individual or |
| Miami, FL 3313 ARTICLE III - Registered (The Limited Liability Comanother business entity with | Agent, Registered Office, & pany cannot serve as its own F an active Florida registration reet address of the registered a | Mian Registered Agent. Registered Agent. agent are: ion Service Con Name | mi, FL 33133 nt's Signature: You must designate an individual or mpany |
| Miami, FL 3313 ARTICLE III - Registered (The Limited Liability Comanother business entity with | Agent, Registered Office, & pany cannot serve as its own I an active Florida registration reet address of the registered a Corporati | Mian Registered Agent. Registered Agent. agent are: ion Service Con Name | mi, FL 33133 nt's Signature: You must designate an individual or mpany |

am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Roxanne Turner Asst. Vice President Registered Agent's Signature (REQUIRED)

(CONTINUED)

| <u>litle;</u> 'AMBR" = Authorized M | lember | Name and Address: |
|--|--|--|
| MGR" = Manager | | |
| AMBR | | MC Manager, LLC |
| | | 2601 S Bayshore Drive, Ste. 850 |
| | | Miami, FL 33133 |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Ose attachment if necess | агу) | |
| | •• | 6/24/2019 |
| Use attachment if necessions of the CV: Effective date, if other ctive date is listed, the details at the detai | er than the date of filing | : (OPTIONAL) |
| EV: Effective date, if oth ctive date is listed, the date if filing.) the date inserted in this bits attention in the date inserted in this bits attention. | er than the date of filing ate must be specific an lock does not meet the | : (OPTIONAL) d cannot be more than five business days prior to or applicable statutory filing requirements, this date will a |
| EV: Effective date, if other cive date is listed, the defining.) | er than the date of filing ate must be specific an lock does not meet the se Department of State | : (OPTIONAL) d cannot be more than five business days prior to or applicable statutory filing requirements, this date will a |
| V: Effective date, if other tive date is listed, the date is listed, the date filling.) the date inserted in this blent's effective date on the | er than the date of filing ate must be specific an lock does not meet the se Department of State | : (OPTIONAL) d cannot be more than five business days prior to or applicable statutory filing requirements, this date will a |
| V: Effective date, if otherive date is listed, the defiling.) the date inserted in this blent's effective date on the VI: Other provisions, if a | er than the date of filing ate must be specific an lock does not meet the lee Department of State' any. | : (OPTIONAL) d cannot be more than five business days prior to or applicable statutory filing requirements, this date will a s records. |
| V: Effective date, if othetive date is listed, the defiling.) he date inserted in this blent's effective date on the VI: Other provisions, if a EQUIRED SIGNATURE. | er than the date of filing ate must be specific an lock does not meet the see Department of State' any. | cannot be more than five business days prior to or applicable statutory filing requirements, this date will a s records. |
| V: Effective date, if other tive date is listed, the date is listed, the date in this blent's effective date on the VI: Other provisions, if a Sign This document is decided as a second control of the VI: Other provisions if a sign This document is decided as a second control of the VI: Other provisions if a sign This document is decided as a second control of the VI: Other provisions in the | er than the date of filing ate must be specific an lock does not meet the see Department of State' any. RE: The part of a member of ment is executed in accept that any false informations are that are the second and the second are that any false informations are the second are that any false informations are the second are th | cannot be more than five business days prior to or applicable statutory filing requirements, this date will a s records. an authorized representative of a member. cordance with section 605.0203 (1) (b), Florida Statute ation submitted in a document to the Department of Statute ation submitted in a document to the Department of Statute. |
| V: Effective date, if other tive date is listed, the date is listed, the date in this beent's effective date on the VI: Other provisions, if a Sign This document of the second tension of the second | er than the date of filing ate must be specific an lock does not meet the see Department of State' any. RE: The part of a member of ment is executed in accept that any false informations are that are the second and the second are that any false informations are the second are that any false informations are the second are th | cannot be more than five business days prior to or applicable statutory filing requirements, this date will a s records. an authorized representative of a member. Statute with section 605.0203 (1) (b), Florida Statute |

\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)