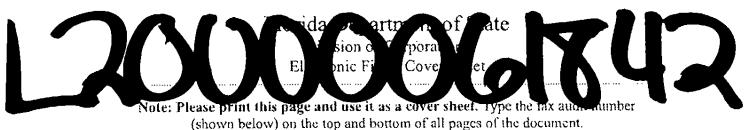
Division of Corporations



(((H200000659503)))



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 : SIEGFRIED, KIPNIS, RIVERA, LERNER, DE LA TORRE

Account Number : 076424000767 Phone : (305)442-3334 Fax Number : (305)443-3292

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

# FLORIDA LIMITED LIABILITY CO. SILVER BLUFF 27 LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

FEB 2 8 2020

Electronic Filing Menu Corporate Filing Menu

Help

CH200000659503)

# **COVER LETTER**

TO: Registration Department Division of Corporations

SUBJECT: SILVER BLUFF 27 LLC

Name of Limited Liability Company

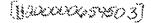
The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

John Catalano, Esq.
Siegfried, Rivera
201 Alhambra Circle, 11<sup>th</sup> Floor
Coral Gables, Florida 33134
icatalano@siegfriedrivera.com

For further information concerning this matter, please call:

John Catalano, Esq. Telephone: 305-442-3334.



#### ARTICLE I - NAME:

The name of the Limited Liability Company is: SILVER BLUFF 27 LLC.

#### ARTICLE II - ADDRESS:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

2980 McFarlane Road Miamí, Florida 33133 Mailing Address:

2980 McFarlane Road Míami, Florida 33133

### ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE

The Name and the Florida Street address of the Registered Agent is GRAYSCALE PARTNERS LLC, 2980 McFarlane Road, Miami, Florida 33133.

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.

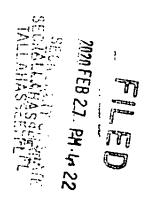
Medical Justices (Sub 25, 2025)

Theodore Caplow, Registered Agent

### ARTICLE IV - MANAGER/DIRECTORS

Title: Name and Address

MGR GRAYSCALE PARTNERS LLC 2980 McFarlane Road Miami, Florida 33133



[130000659503]

# **REQUIRED SIGNATURE:**

Signature of a member or authorized representative of a member

(In accordance with section 605.0203(1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.817.15S.F.S.)

Theodore Caplow
Type or printed name of signee

mm FEB 27 PH 4: 22