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Note: Please print this page and use it as a cover sheet. Type the tax audit number (shown below) on the top and bottom of all pages of the document.

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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.

Email Address: kataland@siegfriedrivera.com

**FLORIDA LIMITED LIABILITY CO.
SILVER BLUFF 27 LLC**

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

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SR
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JONES

FEB 28 2020

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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, 11th Floor
Coral Gables, Florida 33134
jcatalano@siegfriedrivera.com

For further information concerning this matter, please call:

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

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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
Miami, Florida 33133


Mailing Address:

2980 McFarlane Road
Miami, 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.


Theodore Caplow, Registered Agent**ARTICLE IV – MANAGER/DIRECTORS****Title:**

MGR

Name and Address

GRAYSCALE PARTNERS LLC
2980 McFarlane Road
Miami, Florida 33133

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2020 FEB 27 PM 4:22
SECRETARY OF STATE
TALLAHASSEE, FL

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REQUIRED SIGNATURE:



Signature of a member or authorized representative of a member

(In accordance with section 695.0263(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.817.155.F.S.)

Theodore Caplow

Type or printed name of signee

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TREASURY DEPARTMENT
WASHINGTON, D.C.

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