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

(((H210004461523)))



H210004461523ABCZ

		And the second s	14.1
To:			5
	Division of Co	rporations	=======================================
	Fax Number	: (850)617-6381	ز
			Ċ
From:			Γ. (*
	Account Name	: STEARNS WEAVER MILLER WEISSLER ALHADEF	F & SIT
	Account Number	: I20050000135	۲
	Phone	: (305)789-3200	
	Fax Number	: (305)789-4137	
ann	ual report maili	s for this business entity to be used for ings. Enter only one email address please. ne.santiago@cornerstonegrp.com	future

FLORIDA LIMITED LIABILITY CO. VALENCIA POINTE PARTNER INTERESTS, LLC

Certificate of Status	0	
Certified Copy	1	
Page Count	02	
Estimated Charge	\$155.00	

Electronic Filing Menu

Corporate Filing Menu

Help

NECENVED 021 DEC - 7 PM 2:37

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Valencia Pointe Partner Interests, LLC (Must contain the words "Limited Liability	v Company "L.I.C." or "T.I.C."		
ARTICLE II - Address: The mailing address and street address of the principal office of	,		
Principal Office Address:	Mailing Address:		
2100 Hollywood Blvd. Hollywood, FL 33020	2100 Hollywood Blvd. Hollywood, FL 33020		
ARTICLE III - Registered Agent, Registered Office, & Registered Liability Company cannot serve as its own Register another business entity with an active Florida registration.)	ered Agent. You must designate an in	ŗ.	2021 DEC
The name and the Florida street address of the registered agent a	ure:	<u>:</u> خز	-7
Leon J. Wolfe Name		0 !! !!	PH
2100 Hollywood Blvd. Florida street address (P.O. Box NOT acceptable)			
Hollywood F	L33020		
City St	ate 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)

Title: "AMBR" = Authorized Membe "MGR" = Manager	Name and Address:	
MGR	Jorge Lopez 2100 Hollywood Blvd. Hollywood, FL 33020	
MGR	Leon J. Wolfe 2100 Hollywood Blvd. Hollywood, FL 33020	
MGR	Mara S. Mades 2100 Hollywood Blvd. Hollywood, FL 33020	2021
		DEC -7
(Use attachment if necessary)	Ĺ	PH .
If an effective date is listed, the date mu he date of filing.)	the date of filing: (OPTIONAL) ast be specific and cannot be more than five business days prior to oes not meet the applicable statutory filing requirements, this date was the specific and cannot be more than five business days prior to	or 90 days after
ARTICLE VI: Other provisions, if any.	earthen of State 8 records.	
REOUIRED SIGNATURE:	MaraMads	
This document i I am aware that a	of a member or an authorized representative of a member. is executed in accordance with section 605.0203 (1) (b), Florida State any false information submitted in a document to the Department of State degree felony as provided for in 5.817.155, F.S.	utes. State

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)

ARTICLE IV-

Mara S. Mades |