

Division of Corporations

L03000021445

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)205-0383

From: Account Name : J L HOFMANN & ASSOCIATES, P.A.
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DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

SVI II, LLC

Certificate of Status	0
Certified Copy	1
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L03-21445

OR

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Article I Name:

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The name of the Limited Liability Company is: SVI II, LLC

Article II Address:

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

329 Granello Avenue
Coral Gables, FL 33146

Article III Registered Agent, Registered Office, & Registered Agent's Signature:

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

United States Registered Agents, Inc.
329 Granello Avenue
Coral Gables, Florida 33146

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in the certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provision 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 608, F.S.


Registered Agent's Signature

Article IV Management (Check box if applicable):

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.


Signature of a member or an authorized representative of a member

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

John L. Hofmann
Typed or printed name of signee

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STATE OF FLORIDA