

L04000014495

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200027001752

BR

RECEIVED
04 FEB 23 PM 4:12
DIVISION OF CORPORATION

FILED
04 FEB 23 AM 10:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 455413 5490A

AUTHORIZATION :

COST LIMIT : \$ 155.00

04 FEB 23 14 10 42
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : February 23, 2004

ORDER TIME : 3:20 PM

ORDER NO. : 455413-005

CUSTOMER NO: 5490A

CUSTOMER: Dan Sieloff, Paralegal
Mastriana & Christiansen

Suite 200
1500 North Federal Highway
Fort Lauderdale, FL 33304

DOMESTIC FILING

NAME: CARROLLWOOD PARTNERS, LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - EXT. 2956

EXAMINER'S INITIALS: _____

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

04 FEB 23 AM 10:42
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

Carrollwood Partners, LLC

ARTICLE II - Address:

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

Principal Office Address:

825 Brickell Bay Drive # 1644

Miami, Florida 33131

Mailing Address:

825 Brickell Bay Drive # 1644

Miami, Florida 33131

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

F. Ronald Mastriana

Name

1500 North Federal Hwy #200


Florida street address (P.O. Box **NOT** acceptable)

Fort Lauderdale, Florida

FLORIDA 33304

City, State, and 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 608, Florida Statutes..



Registered Agent's Signature

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Larry Mendelson

825 Brickell Drive #1644

Miami, Florida 33131

MGRM

Alexandra Mastriana-Solal

1500 North Federal Hwy #202

Fort Lauderdale, Florida 33304

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:


Signature of a member or an authorized representative of a member.

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

Alexandra Mastriana -Solal

Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)