

L07000002 8720

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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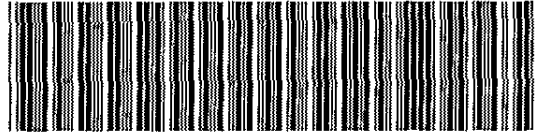
(Business Entity Name)

(Document Number)

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07 MAR 15 AM 11:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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07 MAR 15 PM 12:56

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 15, 2007

CARINA DUNLAP
CSC
TALLAHASSEE, FL

SUBJECT: ELEVATION REAL PROPERTY FUND II, L.L.C.
Ref. Number: W07000012999

RESUBMIT
ORIGINAL
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MARCH 17
DIVISION OF STATE
CORPORATIONS
TALLAHASSEE, FLORIDA

We have received your document for ELEVATION REAL PROPERTY FUND II, L.L.C. and the authorization to debit your account in the amount of \$125.00. However, the document has not been filed and is being returned for the following:

The mailing address can be a P.O. Box. But the principal office address must be a street address.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6914.

Buck Kohr
Document Specialist

Letter Number: 107A00018280

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DIVISION OF STATE
CORPORATIONS
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 804101 5011958

AUTHORIZATION :

Lyndell Deane

COST LIMIT : \$ 125.00

FILED
07 MAR 15 AM 11:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : March 15, 2007

ORDER TIME : 10:42 AM

ORDER NO. : 804101-005

CUSTOMER NO: 5011958

DOMESTIC FILING

NAME: ELEVATION REAL PROPERTY FUND
II, L.L.C.

EFFECTIVE DATE:

ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Carina L. Dunlap - EXT. 2951

EXAMINER'S INITIALS: _____

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ELEVATION REAL PROPERTY FUND II, L.L.C., a Florida limited liability company

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.")

ARTICLE II - Address:

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

Principal Office Address:

P.O. BOX 4426

ORLANDO, FLORIDA 32802-4426

Mailing Address:

521 Richmond Street

Orlando, FL 32806

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

N. Dwayne Gray, Jr., Esq.

Name

201 East Pine Street, Suite 500

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

Orlando, Florida 32801

FL

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, F.S.


Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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 shall be:

ELEVATION PROPERTIES, LLC

521 Richmond Street

Orlando, Florida 32808

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:



Signature of ~~a member~~ 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.)

N. Dwayne Gray, Jr., Esq.

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)