

W08000016169

(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:

0789 611 671

Office Use Only



200116776872

02/06/08--01027--013 \*\*160.00

FILED  
08 FEB 13 AM 10:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

W08-6643

M. Thomas FEB 14 2008



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 7, 2008

JUSTIN GAITHER  
4726 SW 67TH AVE APT F7  
MIAMI, FL 33155

SUBJECT: CAMPUS LOFT SOLUTIONS LLC  
Ref. Number: W08000006643

We have received your document for CAMPUS LOFT SOLUTIONS LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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) 245-6097.

Marsha Thomas  
Regulatory Specialist II

Letter Number: 808A00008123

FILED  
08 FEB 13 AM 10:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

Campus Loft Solutions LLC

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

### ARTICLE II - Address:

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

#### Principal Office Address:

4726 SW 67th Ave APT F7  
Miami, FL 33155

#### Mailing Address:

4726 SW 67th Ave APT F7  
Miami, FL 33155

### 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:

Justin Gaither

Name

4726 SW 67th Ave APT F7

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

Miami, FL 33155

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..*

Justin Gaither

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

FILED  
08 FEB 13 AM 10:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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

Justin Gaither

4726 SW 67th Ave APT F7

Miami, FL 33155

FILED  
08 FEB 13 AM 10:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(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:**

*Justin Gaither*

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.)

*Justin Gaither*

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)