

# LO9000090917

Florida Department of State  
Division of Corporations  
Public Access System

Electronic Filing Cover Sheet

**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.

((H09000204720 3)))



H090002047203ABCY

**Note: DO NOT** hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9096

## FLORIDA/FOREIGN LIMITED LIABILITY CO.

old cutler lots, llc

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

RECEIVED

09-SEP-21 PM 1:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

T. HAMPTON

SEP 22 2009

<https://efile.sunbiz.org/scripts/efilcovr.exe>

9/21/2009

EXAMINER

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
09 SEP 21 AM 7:41

1109000204720

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Old Cutler Lots, 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:

Mailing Address:

c/o Northstar Mortgage Company  
104 Crandon Blvd., Suite 324  
Key Biscayne, Florida 33149

c/o Northstar Mortgage Company  
104 Crandon Blvd., Suite 324  
Key Biscayne, Florida 33149

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:

Norman T. Roberts, P.A.

Name

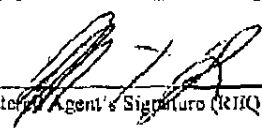
50 W. Mashta Drive, Suite 4

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

Key Biscayne 33149 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)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
09 SEP 21 AM 7:41

1109000204720

HO9000204720

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

Steven L. Eltenhelm

104 Grandon Blvd, Suite 324

Key Biscayne, Florida 33149

(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 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.)

Norman T. Roberts

Typed or printed name of signer

**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)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
09 SEP 21 AM 7:51

Page 2 of 2

HO9000204720