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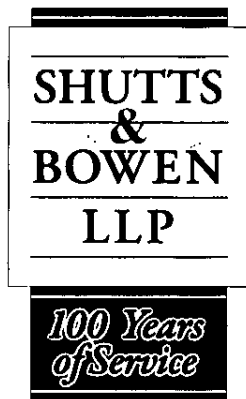
FILED  
2018 SEP 10 AM 11:56  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**C. LEWIS**

SEP 13 2010

**EXAMINER**

LOUIS NOSTRO  
DIRECT LINE (305) 379-9164  
FLORIDA BAR BOARD CERTIFIED  
IN THE AREAS OF TAXATION  
WILLS, TRUSTS & ESTATES



EMAIL ADDRESS:  
LNOSTRO@SHUTTS-LAW.COM

September 8, 2010

Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, Florida 32314

**Re: The Mensch Grove, LLC**

Gentlemen:

I enclose for filing the Articles of Organization for **The Mensch Grove, LLC**, along with a check for \$160.00 (to cover the filing fee, certified copy and certificate of status). A return envelope is enclosed for your convenience.

Please contact me if you have any questions. Thank you for your assistance.

Sincerely,

A handwritten signature in black ink, appearing to read "Louis Nostro", is written over the word "Sincerely,".

Louis Nostro

LN/sxp  
Enclosure

MIADOCS 4649251 1

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: The Mensch Grove, LLC**  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Louis Nostro

Name of Person

Shutts & Bowen, LLP

Firm/Company

201 S. Biscayne Blvd., Suite 1600

Address

Miami, FL 33131

City/State and Zip Code

LNostro@shutts.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Louis Nostro

Name of Person

at ( 305 )

379-9164

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input checked="" type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|---|---|--|

**Mailing Address**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street/Courier Address**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

The Mensch Grove, 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:

6209 Granada Boulevard

Coral Gables, FL 33146

#### Mailing Address:

6209 Granada Boulevard

Coral Gables, FL 33146

### 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:

Louis Nostro, Esq.

Name

201 S. Biscayne Blvd., Suite 1600

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

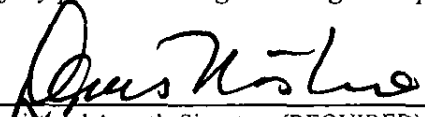
Miami

FL 33131

City, State, and Zip

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TALLAHASSEE, FLORIDA

*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

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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

Martha A. Mensch, trustee of the Martha A. Mensch

Declaration of Trust dated August 19, 2010

6209 Granada Boulevard, Coral Gables, FL 33146

MGR

Joseph S. Mensch

6209 Granada Boulevard

Coral Gables, FL 33146

MGR

Martha A. Mensch

6209 Granada Boulevard

Coral Gables, FL 33146

(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:**

Joseph S. Mensch

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.)

Joseph S. Mensch

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)