

L11000118307

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

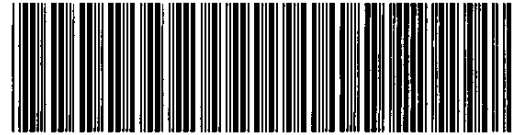
Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

EFFECTIVE DATE

10/11/11



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11 OCT 14 PM 12:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

OCT 17 2011

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:

CITRUS GROVE AFFORDABLE
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:

RICHARD SOUVIRON

Name of Person

RICHARD SOUVIRON

Firm/Company

PMB 97 1825 PONCE DE LEON BLVD

Address

CORAL GABLE FL 33134-4

City/State and Zip Code

RSOUVIRON@MAC.COM

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

For further information concerning this matter, please call:

GRANT SOUVIRON

Name of Person

at (305) 632-6545

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☒ \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(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

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CITRUS GROVE AFFORDABLE 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 are:

Principal Office Address:

RICHARD SOUVIRON

Mailing Address:

PMB 97
1825 PONCE DE LEON BLVD
CODAL CABLES FL 33134-4418

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:

Richard Souviron

Name

PMB 97 1825 PONCE DE LEON BLVD

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

CODAL CABLES FL 33134-4418

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 the 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.

[Signature]

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

EFFECTIVE DATE 10/11/11

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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

MGR

MGRM

MGRM

Name and Address:

RICHARD SOUVIRON
PMB 97-1825 Ponce de Leon
Coral Gables, FL 33134-44

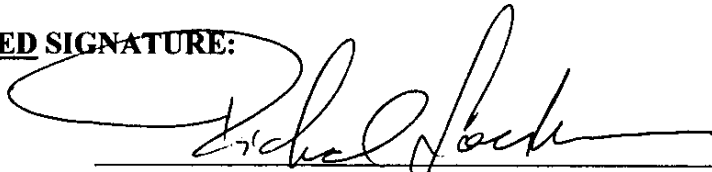
Grant Souvion
PMB 97-1825 Ponce de Leon
Coral Gables FL 33134-4418

Barbara Souvion
PMB 97-1825 Ponce de Leon
Coral Gables FL 33134-4418

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 10/11/11. (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days 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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

RICHARD SOUVIRON

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)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA