

L120VVVV11292

(Requestor's Name)

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(Business Entity Name)

(Document Number)

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B. KOHR

JAN 24 2012

EXAMINER



000215481850

01/25/12--01001--004 \*\*160.00

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12 JAN 24 PM 1:50  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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12 JAN 24 PM 1:50  
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DIVISION OF CORPORATIONS

CORPDIRECT AGENTS, INC. (formerly CCRS)  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301  
222-1173

FILING COVER SHEET  
ACCT. #FCA-14

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 JAN 24 PM 4:00

CONTACT: KATIE WONSCH

DATE: 01/24/2012

REF. #: 001619.160628

CORP. NAME: RICHLAND TOWERS MANAGEMENT PHONIX, LLC

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION   | <input type="checkbox"/> ARTICLES OF AMENDMENT  | <input type="checkbox"/> ARTICLES OF DISSOLUTION      |
| <input type="checkbox"/> ANNUAL REPORT               | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME              |
| <input type="checkbox"/> FOREIGN QUALIFICATION       | <input type="checkbox"/> LIMITED PARTNERSHIP    | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT               | <input type="checkbox"/> MERGER                 | <input type="checkbox"/> WITHDRAWAL                   |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION |   |   |
| <input type="checkbox"/> OTHER:                      |   |   |

STATE FEES PREPAID WITH CHECK# 543053 FOR \$ 160.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

\_\_\_\_\_ COST LIMIT: \$ \_\_\_\_\_

PLEASE RETURN:

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| <input type="checkbox"/> CERTIFICATE OF STATUS     |  |   |

Examiner's Initials

ARTICLES OF ORGANIZATION

FOR

RICHLAND TOWERS MANAGEMENT PHOENIX, LLC

The undersigned hereby forms a limited liability company pursuant to Chapter 608, Florida Statutes.

ARTICLE I - NAME

The name of the limited liability company is Richland Towers Management Phoenix, LLC.

ARTICLE II - ADDRESS

The street address of the principal office of the limited liability company is 400 N. Ashley Drive, Suite 3010, Tampa, FL 33602, and the mailing address of the limited liability company is 400 N. Ashley Drive, Suite 3010, Tampa, FL 33602.

ARTICLE III - REGISTERED AGENT,  
REGISTERED OFFICE & REGISTERED AGENTS SIGNATURE

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

Dawn Lemons  
400 N. Ashley Drive, Suite 3010  
Tampa, FL 33602

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.

By:   
Its Agent: Dawn Lemons

(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 herein are true.)

NRAI Corporate Services

By:   
Katie Wonsch  
Authorized Representative of a Member

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 JAN 24 PM 4:00