L130000 56164

	•	
(Req	uestor's Name)	
(Add	iress)	
(6.1.1	ress)	
(Add	1655)	
(City	/State/Zip/Phone	· #)
PICK-UP	WAIT	MAIL
(Bus	iness Entity Nam	ne)
(Doc	ument Number)	<u> </u>
Certified Copies	Certificates	of Status
Special Instructions to F	filing Officer:	

Office Use Only



700245556777

13 APR 16 PH WILL

13 APR 16 AM 9: 44

APR 1 % 2013 T. HAMPTON



ACCOUNT NO. : I2000000195 REFERENCE: 613183 7292323 AUTHORIZATION : COST LIMIT : \$ 160,00 ORDER DATE: April 16, 2013 ORDER TIME : 3:50 PM ORDER NO. : 613183-015 CUSTOMER NO: 7292323 DOMESTIC FILING NAME: COLLINS CONDO UNIT 1501, LLC EFFECTIVE DATE: XX ARTICLES OF ORGANIZATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: ___ CERTIFIED COPY ___ CERTIFICATE OF GOOD STANDING CONTACT PERSON: Susie Knight - EXT. 52956

EXAMINER'S INITIALS:

(850) 245-6051.

COVER LETTER

TO: Registration Section **Division of Corporations**

Collins Condo Unit 1501, 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:

Gary C. Granoff, Esquire

Name of Person

Gary C. Granoff, PLLC

747 Third Avenue, Suite 4C

New York, NY 10017

City/State and Zip Code

GGranoff@gwf747.com

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

For further information concerning this matter, please call:

Gary C. Granoff

at (212) 421-2111

Area Code & Daytime Telephone Number

Name of Person

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ADTICLE L. Nomos	
ARTICLE I - Name: The name of the Limited Liability Compa	ny is:
Collins Condo Unit 1501, LLC	
(Must end with the words "Limite	d Liability Company, "L.L.C.," or "Ll.C.")
ARTICLE II - Address:	
	the principal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
	2
c/o Coe Broberg & Austin, LLP	Gary C. Granoff, Esquire
223 Peruvian Avenue	Gary C. Granoff, PLLC
Palm Beach, FL 33480	747 Third Avenue, Suite 4C, NY, NY 10017
	o Coe, Broberg & Austin, LLP Name
223 Peruvian Avenue	and address (D.O. Day NOT accordable)
	eet address (P.O. Box <u>NOT</u> acceptable)
Palm Beach 33480	FL ity. State, and Zip
C	ny. State, and Zip
liability company at the place designate registered agent and agree to act in this call statutes relating to the proper and count accept the obligations of my position	nd to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as expacity. I further agree to comply with the provisions of implete performance of my duties, and I am familiar with as registered agent as provided for in Chapter 608, F.S
Many	· (new)
Registered Agent's	Signature (REQUIRED)
(CON	TINUED)
Page	1of2

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

"MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
Mentor Wanaging Weinder	
MGR	Kim Davenport
117545	7822 Thor Drive
	Annandale, VA 22003
	·

	444
	7074412
LE V: Effective date, if other tha ffective date is listed, the date	in the date of filing: April 16, 2013 (OPTIONAL) must be specific and cannot be more than five business day ng.)
LE V: Effective date, if other tha ffective date is listed, the date	must be specific and cannot be more than five business day
LE V: Effective date, if other tha fective date is listed, the date or 90 days after the date of filing	must be specific and cannot be more than five business day
LE V: Effective date, if other that fective date is listed, the date or 90 days after the date of filing REQUIRED SIGNATURE:	must be specific and cannot be more than five business day ng.)
LE V: Effective date, if other that fective date is listed, the date or 90 days after the date of filing REQUIRED SIGNATURE: Signature of a management of the date of a management of the date of a management of the date of	must be specific and cannot be more than five business day
Signature of a me (In accordance with section of a me aware that any false is constitutes a third degree f	must be specific and cannot be more than five business day ig.) Authorized Representative of a member. Member or an authorized representative of a member. Member of a member of a member. Member of a member. Member of a member of a member of a member. Member of a member of a member. Member of a member of a member of a member. Member of a member of a member of a member. Member of a member of a member of a member. Member of a member
Signature of a me (In accordance with section constitutes an affirmation of I am aware that any false in constitutes a third degree for Gary C. Granoff	ember or an authorized representative of a member. 10.000 Manufactured representative
Signature of a me (In accordance with section of a me aware that any false in constitutes a third degree f	must be specific and cannot be more than five business day ig.) Authorized Representative of a member. Mannot of 608.408(3), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. Information submitted in a document to the Department of State delony as provided for in s.817.155, F.S.) Athorized Representative Typed or printed name of signee
JE V: Effective date, if other that fective date is listed, the date or 90 days after the date of filing REQUIRED SIGNATURE: Signature of a magnitude of the date of a magnitude of the date of the date of filing signature of a magnitude of the date of the da	must be specific and cannot be more than five business day (g.) Authorized Representative of a member. In 608.408(3), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. Information submitted in a document to the Department of State elony as provided for in s.817.155, F.S.) Authorized Representative Typed or printed name of signee Organization and Designation
Signature of a magnetic that any false in constitutes an affirmation of lam aware that any false in constitutes a third degree for Articles of Cof Registered Agent	must be specific and cannot be more than five business day (g.) Authorized Representative of a member. In 608.408(3), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. Information submitted in a document to the Department of State delony as provided for in s.817.155, F.S.) Authorized Representative Typed or printed name of signee Organization and Designation
LE V: Effective date, if other that ffective date is listed, the date or 90 days after the date of filing REQUIRED SIGNATURE: Signature of a magnitude of the date of a magnitude o	must be specific and cannot be more than five business day (g.) Authorized Representative of a member. In 608.408(3), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. Information submitted in a document to the Department of State delony as provided for in s.817.155, F.S.) Authorized Representative Typed or printed name of signee Organization and Designation
Filing Fees: \$125.00 Filing Fee for Articles of Or 90 days after the date of filing or 90 days after the date of filing or 90 days after the date of filing fee for Articles of Of Registered Agent	must be specific and cannot be more than five business day ag.) Authorized Representative of a member. In 608.408(3), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. Information submitted in a document to the Department of State delony as provided for in s.817.155, F.S.) Authorized Representative Typed or printed name of signee Organization and Designation