Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone : (850)222-1092

Fax Number

: (850)878-5368

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

FLORIDA LIMITED LIABILITY CO.

Fahrenheit Charlotte, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

JUN 2 1 2013

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Corporate Filing Menu

Help

(850) 245-6051.

COVER LETTER

TO:	Registrat Division		ection rporations						
SUBJE		enhelt	Charlotte, LLC						
			Name of Limite	ed Liability Cor	mpa	iny			
The en	closed Artic	les of	Organization and fee(s) are s	submitted for fil	ling	j.			
Please	return all co	rrespo	ondence concerning this matt	er to the follow	ing:	:			
	Scott A. A	ugusti	ne, Esq.						
		*		Name of Person	<u> </u>				
	Chamberla	ia, Hr	dlicka						1:
				Firm/Company				1	5
	191 Peachtree Street. 34th Floor							1; ,	
				Address		_	-	ALC: C	r
	Atlanta, G	eorgia	30303					4	
			Cit	y/State and Zip (Code	6	·····	:··	
	jleno ĝ ele	veland	leonstruction.com					- 1505 - 1	4
			E-mail address: (to be used	for future annual	repo	ort notification)		San	7
For fu	ther inform	ation (concerning this matter, please	: call:					
Scott a	A. Augustin	ic. Esc	1.	404 _ at (658-5431			
		Name	of Person	Area C	ode	e & Daytime Te	lephone Number		
Enclo	sed is a ch	eck fo	or the following amount:						
23\$ 125	.00 Filing	Fee	☐\$130.00 Filing Fee & Certificate of Status	□\$155.00 F Certified (additional	Co		Certified C	of Status &	ı
			Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahussee, FL 32314	Regis Divis Clifto 266 l	itration on E Exi	Courier Addrestion Section of Corporatio suitding ecutive Center	ns Circle		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	pany is:	
Fahrenheit Charlotte, LLC		
(Must end with the words "Lin	nited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address	of the principal office of the Limited Liability Co	mpany is
Principal Office Address:	Mailing Address:	
c/o Small Brothers. LLC	c/o Cleveland Construction. Inc.	
711 5th Ave South	Attn: James Ferro, General Counsel	
Naples, Florida 34102	8620 Tyler Blvd. Menter. OH 44060	
(The Limited Liability Company cannot serve as its business entity with an active Florida registration.) The name and the Florida street address	1 1	ier 🚆
СТ	Corporation System	
<u>c</u> т	Corporation System Name	
		
1200	Name	
1200	Name South Pine Island Road a street address (P.O. Box <u>NOT</u> acceptable)	
1200 : Florid	Name South Pine Island Road a street address (P.O. Box <u>NOT</u> acceptable)	
Having been named as registered ager liability company at the place designed ager and agree to act in the all statutes relating to the proper and and accept the obligations of my posts	Name South Pine Island Road a street address (P.O. Box NOT acceptable) FL 33324 City. State, and Zip at and to accept service of process for the above stated in this certificate, I hereby accept the appoint his capacity. I further agree to comply with the production as registered agent as provided for in Chapter	iment as ovisions o viliar with
Having been named as registered ager liability company at the place design registered agent and agree to act in the all statutes relating to the proper and and accept the obligations of my postal.	Name South Pine Island Road a street address (P.O. Box NOT acceptable) FL 33324 City. State, and Zip Int and to accept service of process for the above stanated in this certificate, I hereby accept the appoint its capacity. I further agree to comply with the production as registered agent as provided for in Chapter ion System	iment as ovisions o viliar with
Having been named as registered ager liability company at the place designed statutes relating to the proper and and accept the obligations of my posts. CT Corporat By:	Name South Pine Island Road a street address (P.O. Box NOT acceptable) FL 33324 City. State, and Zip at and to accept service of process for the above stated in this certificate, I hereby accept the appoint his capacity. I further agree to comply with the production as registered agent as provided for in Chapter	iment as ovisions o viliar with

Page 1 of 2

MGRM	Mark Small			
	711 5th Ave South			
	Naples, Florida 34102			
MGRM	Jen Small			
	711 5th Ave South	严重		
	Naples, Florida 34102	£ 4		
MORM	James Small			
	711 5th Ave South	100		
	Naples, Florida 34102	1		
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		£17 °		

REQUIRED SIGNATURE:

ARTICLE IV- Manager(s) or Managing Member(s):

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.)

Scott A. Augustine, Esq.

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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