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J. SAULSBERRY EXAMINER JUL -5 2013



ACCOUNT NO. : 12000000195		
REFERENCE : 713734 7946431		
AUTHORIZATION: Spellelena.		
COST LIMIT : \$ 125.00		
ODDD DAMD 7-1 2 0012	. <b></b>	
ORDER DATE : July 3, 2013		
ORDER TIME : 3:02 PM		
ORDER NO. : 713734-005		
CUSTOMER NO: 7946431		
DOMESTIC FILING		
NAME: DAVIE COLLEGIATE LLC		
	~	
	<b>2013</b>	
EFFECTIVE DATE:		
		Paratra or
ARTICLES OF INCORPORATION	1912 <b>a</b>	
CERTIFICATE OF LIMITED PARTNERSHIP		: 1
XX ARTICLES OF ORGANIZATION	<b>1 2 3 3 3 3 3 3 3 3 3 3</b>	
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:	8 30	
CERTIFIED COPY	<b>35</b> **	
XX PLAIN STAMPED COPY		
CERTIFICATE OF GOOD STANDING		
CONTACT PERSON: Susie Knight - EXT. 52956		
EXAMINER'S INITIALS:		_

### **COVER LETTER**

To: Registration Section Division of Corporation SUBJECT: DAVIE COLLEGIATE LLC Name of Lmited Liability Partnership The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: James W. Bennett, Esq. Name of Person BENNETT SCHECHTER ARCURI & WILL, LLP Firm/Company 701 Seneca Street, Buffalo, NY 14210 Address jbennett@bsawlaw.com E-mail address For further information concerning this matter, please call: ထု At (716) 242-8100 James W. Bennett, Esq. Area Code & Daytime telephone number Name of Person Enclosed is a check for the following amount: \$155.00 Filing Fee & \$160.00 Filing Fee, \_\_\_\_\$125.00 Filing Fee \_\_\_\_\$130.00 Filing Fee & Certificate of Status Certified Copy Certificate of Status & Certified Сору STREET/COURIER ADDRESS MAILING ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, FL 32301

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIAIBLITY COMPANY

# ARTICLE I - Name:

The name of the Limited Liability Company is:

# **DAVIE COLLEGIATE LLC**

### ARTICLE II - Address

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:** 

Mailing Address:

Suite 140 6105 Transit Road E. Amherst, NY 14051 Suite 140 6105 Transit Road E. Amherst, NY 14051

ARTICLE III - Registered Agent, Registered Office and Registered Agent's Signature:

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

Corporation Service Company 1201 Hays Street Tallahassee, FL 32301

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.

Sue G. Knight Assistant Vice President

Registered Agent's Signature

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

The name and address of each Manager or Managing Member is as follows:

Title:

Name and Address:

Manager

David A. Huck 6105 Transit Road E. Amherst, NY 14051

ARTICLE V

Effective date is the date of filing.

REQUIRED SIGNATURE:

James W. Bennett, Authorized Representative

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.

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