

L13000113054

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

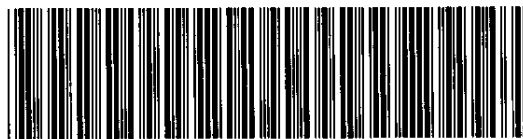
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700247535207

RECEIVED
13 AUG -8 AM 10:46
CLERK OF COURT

FILED
2013 AUG -8 AM 9:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W13-44485

Bl. Gulligan AUG 12 2013



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 756271 7294880

AUTHORIZATION :

COST LIMIT : \$ 125.00

ORDER DATE : August 7, 2013

ORDER TIME : 5:15 PM

ORDER NO. : 756271-015

CUSTOMER NO: 7294880

DOMESTIC FILING

NAME: FIFTEEN MIDTOWN INVESTORS LLC

EFFECTIVE DATE:

☐ ARTICLES OF INCORPORATION
☐ CERTIFICATE OF LIMITED PARTNERSHIP
☒ ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY
☒ PLAIN STAMPED COPY
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Keith Vega - EXT. 52014

EXAMINER'S INITIALS: _____



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 9, 2013

RESUBMIT

Please give original
submission date as file date.

CSC

~~KEITH VEGA~~ *Susie Knight*
TALLAHASSEE, FL

SUBJECT: FIFTEEN MIDTOWN INVESTORS LLC
Ref. Number: W13000044485

We have received your document for FIFTEEN MIDTOWN INVESTORS LLC and the authorization to debit your account in the amount of \$125.00. However, the document has not been filed and is being returned for the following:

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammi Cline
Regulatory Specialist II

Letter Number: 413A00019094

RECEIVED
DEPARTMENT OF STATE
13 AUG - 9 PM 4:21

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Fifteen Midtown Investors 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 is:

Principal Office Address:

Mailing Address:

c/o Fifteen Group

c/o Fifteen Group

47 NE 36th Street, Second Floor

47 NE 36th Street, Second Floor

Miami, Florida 33137

Miami, Florida 33137

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:

Corporation Service Company

Name

1201 Hays Street

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

Tallahassee

FL 32301

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 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..

Corporation Service Company

BY: 

Registered Agent's Signature (REQUIRED)

Sue G. Knight
Assistant Vice President

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2018 AUG - 8 AM 9:18

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(CONTINUED)

Page 1 of 2

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

Name and Address:

MGRM

FG Managing Member, Inc.
47 NE 36th Street, Second Floor
Miami, Florida 33137

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior 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.)

Chris MacConnell

Typed or printed name of signee

FILED
2018 AUG - 8 AM 9:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)