

# L/3000171101

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(Business Entity Name)

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DEPT. OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER

DEC 11 2013



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 914467 5014227

AUTHORIZATION :

*[Signature]*

COST LIMIT : \$1254.00

ORDER DATE : December 9, 2013

ORDER TIME : 3:49 PM

ORDER NO. : 914467-005

CUSTOMER NO: 5014227

DOMESTIC FILING

NAME: 1799 S. UNIVERSITY DRIVE, LLC

EFFECTIVE DATE:

\_\_\_\_ ARTICLES OF INCORPORATION  
\_\_\_\_ CERTIFICATE OF LIMITED PARTNERSHIP  
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX PLAIN STAMPED COPY  
\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - EXT. 52956

EXAMINER'S INITIALS: \_\_\_\_\_



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 10, 2013

CSC / SUSIE KNIGHT

SUBJECT: 1799 S. UNIVERSITY DRIVE, LLC  
Ref. Number: W13000067384

**RESUBMIT**

Please give original  
submission date as file date.

We have received your document for 1799 S. UNIVERSITY DRIVE, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

Your document is being returned as requested.

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.

Karen A Saly  
Regulatory Specialist II

Letter Number: 313A00028031

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

1799 S University Drive, 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:

1300 NW 122 Ave

Plantation, FL 33323

#### Mailing Address:

1300 NW 122 Ave

Plantation, FL 33323

### 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:

Becker & Poliakoff, PA c/o Jennifer Bales Drake, J.D.  
Name

1 East Broward Blvd, Suite 1800

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

Fort Lauderdale, FL 33301

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.*

  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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CLERK OF DISTRICT COURT  
JACKSONVILLE, FLORIDA

**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

Vincent J. Cona

1931 W. Oak Knoll Circle

Ft Lauderdale, FL 33324

MGRM

Richard LaGamma

1300 NW 122 Ave

Plantation, FL 33323

(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 of 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.)

Richard LaGamma

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)**