

# L13000171127

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(Requestor's Name)

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(Address)

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(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

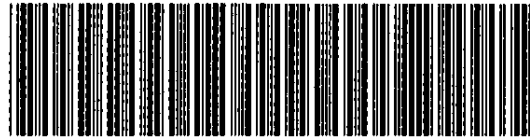
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER  
DEC 11 2013

(850) 245-6051.

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: 2113 Northeast 9th Avenue 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:

**Nora Whitescarver**

Name of Person

**Shulman, Rogers, Gandal, Pordy & Ecker, P.A.**

Firm/Company

**12505 Park Potomac Avenue, Sixth Floor**

Address

**Potomac, Maryland 20854**

City/State and Zip Code

**hross@shulmanrogers.com**

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

For further information concerning this matter, please call:

**Nora Whitescaver**

Name of Person

at **(301) 230-5200**

Area Code & Daytime Telephone Number

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

SHULMAN  
ROGERS

GANDAL  
PORDY  
ECKER

NORA A. WHITESCARVER · LEGAL ASSISTANT

December 6, 2013

**VIA FEDERAL EXPRESS**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

RE: 2113 Northeast 9th Avenue LLC  
Our File No. 123021.00002

Ladies and Gentlemen:

Enclosed for filing are Articles of Organization for the above-mentioned entity. Once filed, please provide a Certificate of Status.

Also enclosed is a check, payable to the Florida Department of State, in the amount of \$130.00 to cover the Filing Fee and Certificate of Status.

Please return the evidence of filing to me. I've enclosed a self-addressed envelope with a pre-paid Federal Express Airbill.

Please contact me if additional information is needed to process this request. Thank you for your assistance.

Sincerely,

SHULMAN, ROGERS, GANDAL,  
PORDY & ECKER, P.A.

By:



Nora Whitescarver  
Legal Assistant

Enclosures as noted

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

2113 Northeast 9th Avenue 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:

12505 Park Potomac Avenue

Sixth Floor

Potomac, Maryland 20854

#### Mailing Address:

12505 Park Potomac Avenue

Sixth Floor

Potomac, Maryland 20854

### 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:

CT Corporation System

Name

1200 South Pine Island Road

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

Plantation

FL 33324

City, State, and Zip

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

*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)

Mark Brinkman  
Vice President and Assistant Secretary

(CONTINUED)

**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

Howard Ross

12505 Park Potomac Avenue, Sixth Floor

Potomac, Maryland 20854

(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. 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.)

Howard J. Ross

\_\_\_\_\_  
Typed or printed name of signer

**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)**