

L140000020236

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

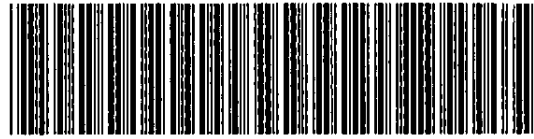
(Business Entity Name)

(Document Number)

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

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TALLAHASSEE, FLORIDA  
14 FEB -6 PM 1:52

J. Stivers FEB 06 2014

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 30, 2014

SOFIA CASTRO  
4875 VOLUNTEER RD  
SOUTHWEST RANCHES, FL 33330

SUBJECT: ORTSAC INVESTMENTS MF 14 LLC  
Ref. Number: W14000006368

We have received your document for ORTSAC INVESTMENTS MF 14 LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return the corrected original and one copy of 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.

Justin M Shivers  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 014A00002141

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Ortsac Investments MF 14, 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:

**Sofia Castro**

Name of Person

**Ortsac Investments, LLC**

Firm/Company

**4875 Volunteer Road**

Address

**Southwest Ranches, FL 33330**

City/State and Zip Code

**accounting@ortsac.net**

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

For further information concerning this matter, please call:

**Sofia Castro**

Name of Person

**954**

Area Code

**332-7368**

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

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Ortsac Investments MF 14, 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:**

4875 Volunteer Road

Southwest Ranches, FL 33330

4875 Volunteer Road

Southwest Ranches, FL 33330

**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:

Sofia Castro

Name

4875 Volunteer Road

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

Southwest Ranches

FL 33330

City

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 605, F.S.*

  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

14 FEB -6 PM 1:52  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

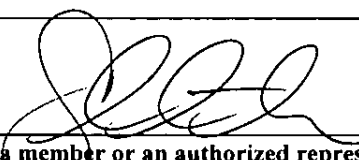
<u>Title:</u>	<u>Name and Address:</u>
"AMBR" = Authorized Member	
"MGR" = Manager	
<u>AMBR</u>	<u>Ortsac Management, LLC</u> <u>4875 Volunteer Road</u> <u>Southwest Ranches, FL 33330</u>
<u>MGR</u>	<u>Robert Castro</u> <u>4875 Volunteer Road</u> <u>Southwest Ranches, FL 33330</u>
<u>MGR</u>	<u>Sofia Castro</u> <u>4875 Volunteer Road</u> <u>Southwest Ranches, FL 33330</u>
<u>MGR</u>	<u>Priscilla Castro</u> <u>4875 Volunteer Road</u> <u>Southwest Ranches, FL 33330</u>

(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.)

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**



**Signature of a member or an authorized representative of a member.**  
(In accordance with section 605.0203 (1) (b), 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.)

Sofia Castro  
Typed or printed name of signee

STATE OF FLORIDA  
DEPARTMENT OF STATE  
16 FEB -6 PM 4:52

**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)