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(Re	equestor's Name)	
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WITH ARY OF STATE

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COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJI	ECT: Ortsac Investments MF 16, LLC Name of Li	imited Liability Company	_
The en	closed Articles of Organization and fee(s) a	are submitted for filing.	
Please	return all correspondence concerning this r	natter to the following:	
	Sofia Castro		
		Name of Person	75
			2014 HPR -1
		Firm/Company	2000年
	4875 Volunteer Road		HO THE
	TOTO VOIGINGS TYGGG	Address	TELFLOSIDE CO.
	Southwest Ranches, FL 33330	City (Charles and Time Charles	5m, 0
		City/State and Zip Code	
ac	counting@ortsac.net E-mail address: (to be use	ed for future annual report notification)	
For fur	ther information concerning this matter, ple	•	
Kathy	Anatra at (954) 332-5325	
1 100 101 3	Name of Person	Area Code Daytime Telephone Num	nber
Enclose	ed is a check for the following amount:		
□ \$ 125.0	0 Filing Fee ✓ \$130.00 Filing Fee & Certificate of Status	Certified Copy Certific (additional copy is enclosed) Certifie	Filing Fee, sate of Status & Copy I copy is enclosed)
	Mailing Address	Street/Courier Address	
	Registration Section	Registration Section	
	Division of Corporations P.O. Box 6327	Division of Corporations	
	Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle	

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

04	
Ortsac Investments MF 16, LLC (Must end with the words "Limited Li	ability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office	ce 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, & (The Limited Liability Company cannot serve as its own Reanother business entity with an active Florida registration.) The name and the Florida street address of the registered agents.	gistered Agent. You must designate an individual or
Sofia Castro	STOR B
Name 4875 Volunteer Road	FLanning 2
Florida street address (P.O. Box N	
Southwest Ranches City	FL 33330
the place designated in this certificate, I hereby accept the capacity. I further agree to comply with the provisions of a of my duties, and I am familiar with and accept the obliga-	the of process for the above stated limited liability company at the appointment as registered agent and agree to act in this all statutes relating to the proper and complete performance attions of my position as registered agent as provided for in 605, F.S

Page 1 of 2

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
AMBR	Ortsac Management, LLC
	4875 Volunteer Road
	Southwest Ranches, FL 33330
MGR	Robert Castro
	4875 Volunteer Road
	Southwest Ranches, FL 33330
MGR	Sofia Castro
	4875 Volunteer Road
	Southwest Ranches, FL 33330
MGR	Southwest Ranches, FL 33330 Priscilla Castro
	4875 Volunteer Road
E V: Effective date, if other than the date to the date is listed, the date must be s	Southwest Ranches, FL 33330 te of filing: (OPTIONAL) pecific and cannot be more than five business days prior to or 90
E V: Effective date, if other than the datective date is listed, the date must be s f filing.)	te of filing: (OPTIONAL)
ective date is listed, the date must be sof filing.) E VI: Other provisions, if any.	te of filing: (OPTIONAL)
E V: Effective date, if other than the datective date is listed, the date must be s f filing.)	te of filing: (OPTIONAL)
E V: Effective date, if other than the date ctive date is listed, the date must be so f filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE:	southwest Ranches, FL 33330 The of filing:
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E V: Effective date, if other than the date ctive date is listed, the date must be so f filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a reconstitutes an affirmation under the constitutes and co	te of filing:
EV: Effective date, if other than the date ctive date is listed, the date must be so f filing.) EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a reconstitutes an affirmation under a management of the constitutes and affirmation under a management of the constitutes and affirmation under the constitutes and affirmat	te of filing:
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EV: Effective date, if other than the date ctive date is listed, the date must be so f filing.) EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a reconstitutes an affirmation und I am aware that any false inforconstitutes a third degree felo	te of filing: