

L14 000162784

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

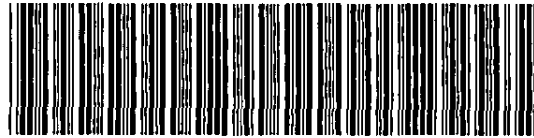
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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RECEIVED
DEPARTMENT OF STATE
14 OCT 16 PM 4:31

OCT 20 2014
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FILED
2014 OCT 16 PM 4:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
DEPARTMENT OF STATE
14 OCT 17 PM 1:39

October 17, 2014

CSC
COURTNEY WILLIAMS
TALLAHASSEE, FL

RESUBMIT
Please give original
submission date as file date.

SUBJECT: CADAVIDTECH, LLC
Ref. Number: W14000063319

We have received your document for CADAVIDTECH, LLC and the authorization to debit your account in the amount of \$155.00. However, the document has not been filed and is being returned for the following:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.", "LC.", "Ltd.," and "Co."

The document number of the name conflict is L14000161205.

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: 114A00022276

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2014 OCT 16 PM 4:59
STATE OF FLORIDA
TALLAHASSEE



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 339777 7289394

AUTHORIZATION :

COST LIMIT : \$ 155.00

ORDER DATE : October 16, 2014

ORDER TIME : 1:22 PM

ORDER NO. : 339777-015

CUSTOMER NO: 7289394

DOMESTIC FILING

NAME: CADAVIDTECH, LLC

EFFECTIVE DATE:

____ ARTICLES OF INCORPORATION
____ CERTIFICATE OF LIMITED PARTNERSHIP
XX _____ ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX _____ CERTIFIED COPY
____ PLAIN STAMPED COPY
____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams - EXT. 62935

EXAMINER'S INITIALS: _____

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2014 OCT 16 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

once complete
send to apostille
please →

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CADAVIDTECHUS, 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:

Mark S. Scott, Esq.

Name of Person

ARNSTEIN & LEHR LLP

Firm/Company

200 South Biscayne Boulevard, Suite 3600

Address

200 South Biscayne Boulevard, Suite 3600

City/State and Zip Code

msscott@arnstein.com

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

For further information concerning this matter, please call:

Mark S. Scott, Esq.

305

428-4500

Name of Person

at ()

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

SECRETARY OF STATE
TALLAHASSEE, FL 32301

2014 OCT 16 PM 9:00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CADAVIDTECHUS, 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:

110 E Broward Blvd, Suite 1900
Fort Lauderdale, FL 33301

110 E Broward Blvd, Suite 1900
Fort Lauderdale, FL 33301

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:

ARNSTEIN & LEHR LLP

Name

200 South Biscayne Boulevard, Suite 3600

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

Miami

FL 33131

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..

ARNSTEIN & LEHR LLP

By: /s/ Mark S. Scott, Esq.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

2014 OCT 16 PM 2:00
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TALLAHASSEE, FLORIDA

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

Mark S. Scott

200 South Biscayne Boulevard, Suite 3600

Miami, FL 33131

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TALLAHASSEE, FLORIDA

(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:

/s/ Mark S. Scott

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.)

Mark S. Scott

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)