L14000165481

	(Re	equestor's Name)	
	(Ad	dress)	<u></u>
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	(Cit	ry/State/Zip/Phone	
☐ P	PICK-UP	MAIT	MAIL
	(Bu	siness Entity Nan	ne)
	(Do	ocument Number)	
ertified Copi	es	_ Certificates	s of Status
Special Inst	ructions to	Filing Officer:	

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SECRETARY OF STATE
ALL AHASSEE, FLORID

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9/4-64500 9/4 10/24/14

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

10/23/14

NAME: BAPTIST GARDENS FLORIDA LLC

TYPE OF FILING: ARTICLES

COST:

155.00

RETURN: CERTIFIED COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATIO



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 23, 2014

FLORIDA FILING & SEARCH SERVICES, INC. ATTN: ABBIE HODGE

,

SUBJECT: BAPTIST GARDENS FLORIDA LLC

Ref. Number: W14000064500

We have received your document for BAPTIST GARDENS FLORIDA LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

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.

Elliott R McCaskill Registration Specialist II

Letter Number: 414A00022732

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www.sunbiz.org

COVER LETTER

TO:	Registration Division of	n Section Corporations							
SUBJI	ECT:	B.	aptist Gar ame of Lin	rdens Florida LL nited Liability Co	C mpany				
The en	closed Article	s of Organization an	nd fee(s) ar	e submitted for fi	ling.				
Please	return all corr	espondence concern	ing this m	atter to the follow	ring:				
			Mich	nael M. Stein Name of Perso	n		<u></u>		
•			Michael	M. Stein, Inc. Firm/Company					
		18	8757 Burl	bank Blvd., Suit	e 102				
	 -		- -	Address					
				tana, CA 91356 ity/State and Zip					
			motoin/	ammatainina aa					
For fur	her informatio	E-mail address: (l report notifica	ation)			
i, or run	. }	on concerning this in	iatter, prea	se can.					
<u>Micha</u>	el M. Stein Na	me of Person	at (<u>8</u>	118) 774 Area Code		lephone Number			
Enclose	ed is a check f	or the following amo	ount:						
\$125,0	0 Filing Fee	□\$130.00 Filing Certificate of		\$155.00 Filin Certified Co (additional cop)	ру Э	\$160.00 Filing 1 Certificate of St Certified Copy (additional copy is	atus & enclosed)		
	Reg Div P.C	niling Address gistration Section vision of Corporation D. Box 6327 Hahassee, FL 32314	ns	Regis Divis Clifte 2661	t/Courier Add tration Section ion of Corporat n Building Executive Cent nassee, FL 3236	tions ter Circle	SECRETARY OF STATE ALLAHASSEE, FLORID/	14 0CT 22 PH I2: 20	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Baptist Gardens Flo	orida LLC
	Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal o	ffice of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
3780 Kilroy Airport Way, Suite 200 Long Beach, CA 90806	3780 Kilroy Airport Way, Suite 200 Long Beach, CA 90806
ARTICLE III - Registered Agent, Registered Office, (The Limited Liability Company cannot serve as its own another business entity with an active Florida registratio	Registered Agent. You must designate an individual or
The name and the Florida street address of the registered	agent are:
Florida Filing & Search	h Services, Inc.
Name	
155 Office P	laza Drive
Florida street address (P.O. Box	
Tallahassee	FL 32301
City	Zip
the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions of my duties, and I am familiar with and accept the obj	rvice of process for the above stated limited liability company at a the appointment as registered agent and agree to act in this of all statutes relating to the proper and complete performance ligations of my position as registered agent as provided for in ter 605, F.S
(CONTINU	ED)

Page 1 of 2

14 OCT 22 PM I2: 20

The second secon	Name and Address:
AMBR" = Authorized Member	
'MGR" = Manager AMBR/MGR	Doublet Courter - Caller - Co
AWDIVINGR	Baptist Gardens, a California nonprofit
	public benefit corporation
	3780 Kilroy Airport Way Ste 200 Long Beach CA 9080
Use attachment if necessary)	
tive date is listed, the date must be specific	ing: (OPTIONAL) and cannot be more than five business days prior to or 9
tive date is listed, the date must be specific filing.) VI: Other provisions, if any.	and cannot be more than five business days prior to or 9
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tive date is listed, the date must be specific filing.) VI: Other provisions, if any. EQUIRED SIGNATURE: Signature of a member (In accordance with section 605,020 constitutes an affirmation under the	r or an authorized representative of a member. 33 (1) (b), Florida Statutes, the execution of this document penalties of perjury that the facts stated herein are true.
VI: Other provisions, if any. EQUIRED SIGNATURE: Signature of a member (In accordance with section 605.020 constitutes an affirmation under the I am aware that any false informatio	r or an authorized representative of a member. 33 (1) (b), Florida Statutes, the execution of this document penalties of perjury that the facts stated herein are true, in submitted in a document to the Department of State
VI: Other provisions. if any. Signature of a member (In accordance with section 605.020 constitutes an affirmation under the I am aware that any false informatio constitutes a third degree felony as provided the section of the I am aware that any false information constitutes a third degree felony as provided the section of the secti	r or an authorized representative of a member. 33 (1) (b), Florida Statutes, the execution of this document penalties of perjury that the facts stated herein are true. In submitted in a document to the Department of State provided for in s.817.155, F.S.;)
VI: Other provisions. if any. EQUIRED SIGNATURE: Signature of a member (In accordance with section 605.020 constitutes an affirmation under the I am aware that any false informatio constitutes a third degree felony as particular than the constitutes a third degree felony as particular than the constitutes as the c	r or an authorized representative of a member. 33 (1) (b), Florida Statutes, the execution of this document penalties of perjury that the facts stated herein are true, in submitted in a document to the Department of State
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Page 2 of 2

FILED

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SECRETARY OF STATE