

44000179068

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



PICK-UP



WAIT



MAIL

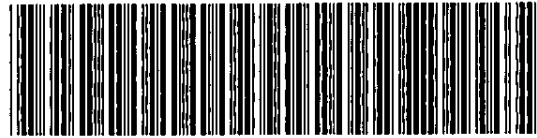
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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14 NOV 12 AM 10:18
SECRETARY OF STATE
ALL/THASSEL FLORIDA

SHULMAN
ROGERS

GANDAL
PORTY
ECKER

NORA A. WHITESCARVER LEGAL ASSISTANT

November 11, 2014

VIA FEDERAL EXPRESS

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

RE: SFLA 1605 E. Broward Blvd. LLC

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,
PORTY & ECKER, P.A.

By: 
Nora Whitescarver
Legal Assistant

Enclosures as noted

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SFLA 1605 E. Broward Blvd. 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 Whitescarver at (301) 255-0545
Name of Person 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SFLA 1605 E. Broward Blvd. 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:

c/o Howard Ross,

12505 Park Potomac Ave., 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:

C T Corporation System

Name

1200 South Pine Island Road

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

Plantation

City

FL 33324

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)

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SECRETARY OF STATE
ALLAHAMSSITE, FLORIDA

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

Howard J. Ross

12505 Park Potomac Avenue, Sixth Floor

Potomac, Maryland 20854

MGR

Larry N. Gandal

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.)

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.)

Howard J. Ross

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)

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SECRETARY OF STATE
ALBANY, NEW YORK