

L15000030722

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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Division of Corporations
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**FLORIDA LIMITED LIABILITY CO.
FONTAINEBLEAU GARDENS UNIT 512, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

RECEIVED

15 FEB 19 AM 10:00

FLORIDA DEPARTMENT OF STATE
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15 FEB 19 AM 7:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Fontainebleau Gardens unit 512, 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:

905 NW 97 AVE
#205
MIAMI FL 33172

Mailing Address:

905 NW 97 Ave
#205
MIAMI FL 33172

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:

Salvador Sacasa
Name

905 NW 97 AVE #205
Florida street address (P.O. Box **NOT** acceptable)

MIAMI FL 33172
City, State, and 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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ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

MGRM

Name and Address:

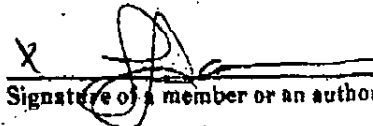
Salvador Sacasa
905 NW 91 AVE #205
MIAMI FL 33172

(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.)

REQUIRED SIGNATURE:

x 

Signature of a member or an authorized representative of a member.

(In accordance with section 605 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.)

Salvador Sacasa

Typed or printed name of signer

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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