Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

Account Name : C T CORPORATION SYSTEM

Account Number : FCA00000023 Phone

: (850)222~1092

Fax Number

: (850)878~5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:	
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FLORIDA LIMITED LIABILITY CO. Florida Residential 1 LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

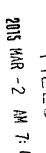
Electronic Filing Menu

Corporate Filing Menu

Help

https://efile.sunbiz.org/scripts/efilcovr.exe

3/2/2015



COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Florida Residential 1. LLC Name of Limited Liability Comp.	any
The enclosed Articles of Organization and fee(s) are submitted for filing	
Larry D. Blust Name of Person	
Hughes, Socol, Plars, Resnick & Ovm Firm/Company	
70 W. Madison Street, Suite 4000 Address	
Chicago, IL 60802 City/State and Zip Co	de
ibiust@haplegal.com E-mail address: (to be used for future annual re	eport notification)
For further information concerning this matter, please call:	
Larry D. Blust st (312) 604-2 Name of Person Area Code	672 Daytime Telephone Number
Enclosed is a check for the following amount:	
S125.00 Filing Fee Scrifficate of Status Certified Copy (additional copy i	Certificate of Status &
	Courier Address

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahasses, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Taltahassee, FL 32301

FILED (3/4)

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liebility Company is:	
Florida Residential 1. LLC	
fwirst eng with the words Tilling	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:
6355 Ward Road, Suite 301 Arvada, CO 80004	6355 Ward Road, Suite 301 Arvada, CO 80004
ARTICLE III - Registered Agent, Registered Office, (The Limited Liability Company cannot serve as its own another business entity with an active Florida registration	Registered Agent. You must designate an individual or
The name and the Florida street address of the registered	i agent are:
CT Compration System Name	3
1200 South Pine Island Road Florida street address (P.O. Bo	
Plantation	FL 33324
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.

James M. Halpin

Assistant Secretary

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

XIIIe: "AMBR" = Authorized Member "MGR" = Manager	Mama and Address:
AMBR	Mark Grosvenor
	6355 Ward Road, Suite 301
	Arvada, CO 80004
(Use attachment if necessary)	
RTICLE V: Effective date, if other than the same effective date is listed, the date must	s date of filing: _03/02/2015 (OPTIONAL) be specific and cannot be more than five business days prior to or 90 days after
RTICLE VI Effective date, if other than th	s date of filing: _03/02/2015 (OPTIONAL) be specific and cannot be more than five business days prior to or 90 days after
RTICLE V: Effective date, if other than the same effective date is listed, the date must e date of sling.) RTICLE VI: Other provisions, if any.	be specific and cannot be more than five business days prior to or 90 days after
RTICLE V: Effective date, if other than the an effective date is listed, the date must e date of filing.) RTICLE VI: Other provisions, if any. REQUIRED SIGNATURE:	be specific and cannot be more than five business days prior to or 90 days after

Page 2 of 2

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)

Typed or printed name of signee

2015 HAR -2 M 7: 1