Florida Department of State

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FLORIDA LIMITED LIABILITY CO. SRS Property Management LLC

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Corporate Filing Menu

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T. 2015

COYER LETTER

TO:	Registration Division of	n Section Corporations		
SUBJ	ect: <u>srs.r</u> 1	operty Management LLC Name of Li	mited Liability Company	····
The er	closed Articles	of Organization and fee(s) a	re submitted for filing.	
Please	return all corre	spandence concerning this n	natter to the following:	
	Менап К	. Horwitz, Esq.	Name of Person	
	Dechert 1	4P	Firm/Compuny	
	Cira Cen	tre, 2929 Arch Street	Address	
			Address	
	Philadelp	hin, PA 19104	City/State and Zip Code	
	egan horwitz@	dechert com	ed for future annual report notific	ation)
For fu	nther informatio	on concerning this matter, ple	ase cult:	
Mogai	n K. Horwitz, I	isg. at (215) 994.2415	
	NE	ne of Person		elephone Number
Enclos	ed is a check f	or the following amount:		
□ \$125.0	O Filing Fea	□\$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Reg Div	Iling Address gistration Section vision of Corporations D. Hox 6327	Street/Courier Add Registration Section Division of Corpora Clifton Building	
	Tal	iahassee, FL 32314	2661 Executive Cer	

197 H2 N4 2014 Walters block conte

AKTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

SRS Property Management LLC (Must end with the words "Lim ARTICLE II - Address: The mailing address and street address of the princip Principal Office Address: 1135 Galleon Drive Naples, FL 34102	al office of the Li	imited Liability Company is:	_		
The mailing address and street address of the princip Principal Office Address: 1135 Galleon Drive	Mailling /				
1135 Galleon Drive		Address:			
	1135 650				
		leon Drive 7, 34102	SECR TALLA	15 14	ಲುಖ್ಯಾಕ
ARTICLE III - Registered Agent, Registered Office (The Limited Liability Company cannot serve as its canother business entity with an active Florida registress and the Florida stress address of the register.)	own Registered A ation.)	d Agent's Signature: Igent. You must designate an in	HAMSEE, F	MAR IO PH	3.00
	Zimmerman		STA LOF	F.	A CHARACTER STATE OF THE STATE
N	ame		TATE ORID/	2	
	Alcon Drive Box NOT accep	table)	12		
Naples	Fl.	34102			
City		Zip			
Florida street address (P.O. Naples City Having been named as registered agent and to accept the place designated in this certificate, I hereby at appactly. I further agree to comply with the provisi	Box NOT accept Fl. of service of proceccept the appointments of all statutes	34102 Zip Ess for the above stated limited lim	iability company ree to act in this olete performance	aı	

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

Tille: "AMBR" " Authorized Member "MGR" " Manager	Name and Address:		
AMBR	Stanton R. Sheriz, as trustee of the Revocable Deed of Trust of Stanton R. Sheriz, dated January 20, 1995 1135 Galleon Drive, Naples, FL 34102		
		SEC	5
	•	AHAS	HAR I
***		SEE, F	Hd 0
(Use attachment if necessary)		STATE LORID	57
CLE V: Effective date, if other than the date	of filing:	Þ	7
CLE V: Effective date, if other than the date effective date is listed, the date must be spette of fillag.) CLE VI: Other provisions, if any.	of filing: (OPTIONAL) refle and cannot be more than five business days prior to or 90	Þ	7
effective date is listed, the date must be spette of filing.) CLE VI: Other provisions, if any.	of filing:	Þ	_
effective date is listed, the date must be ap- te of filing.)	of filing:	Þ	_
RECUIRED SIGNATURE: Signature of a me (In accordance with section 60 constitutes an affirmation under I am aware that any false infor	of filing:	Þ	_
REQUIRED SIGNATURE: Signature of a me (In accordance with section 60 constitutes an affirmation under I am aware that any false infor	mber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document in the penalties of perjury that the facts stated herein are true, mation submitted in a document to the Department of State by as provided for in s.817.155, F.S.)	Þ	_

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