

L 15000080776

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

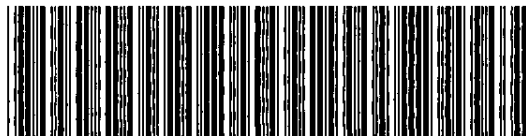
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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04/30/15--01029--009 **130.00

FILED
2015 APR 24 PM 5:09
CLERK OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
MAY - 7 2015

SHULMAN
ROGERS

GANDAL
PORDY
ECKER

NORA A. WHITESCARVER LEGAL ASSISTANT

April 29, 2015

VIA FEDERAL EXPRESS

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

RE: SFLA 312 NE 16th Terrace 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,
PORDY & ECKER, P.A.

By:



Nora Whitescarver
Legal Assistant

Enclosures as noted

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SFLA 312 NE 16th Terrace 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, MD 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 301 255-0545
at ()
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 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 312 NE 16th Terrace 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, MD 20854

Mailing Address:

c/o Howard Ross

12505 Park Potomac Ave., 6th Floor

Potomac, MD 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

FL

33324

City

State

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)

Judith Argao
Vice President
and Assistant Secretary

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

MGR

Name and Address:

Howard J. Ross

12505 Park Potomac Avenue, Sixth Floor

Potomac, Maryland 20854

Larry N. Gandal

12505 Park Potomac Avenue, Sixth Floor

Potomac, Maryland 20854

(Use attachment if necessary)

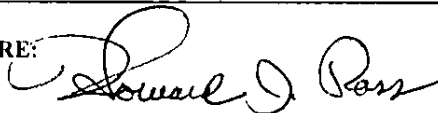
ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL)

(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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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)

FILED
2015 APR 24 PM 5:09
CLERK OF THE COURT
HALL COUNTY, FLORIDA