

L15000108872

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

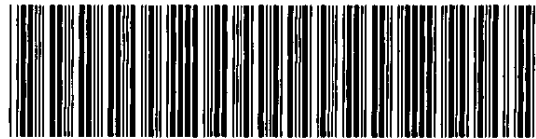
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000273355870

06/23/15--01003--008 \*\*155.00

RECEIVED  
DEPARTMENT OF STATE  
OFFICE OF THE  
15 JUN 23 AM 10:21  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

APPROVED  
AND  
FILED  
15 JUN 23 AM 11:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Wolters Kluwer**

515 E. Park Ave., Tallahassee, FL, 32301

850-205-8842

**SOLSTICE RESIDENTIAL SOUTH, LLC**

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**Thank you!**

☐ Profit

☐ Amendment

☐ Merger

☐ Nonprofit

☐ Foreign

☐ Dissolution/Withdrawal

☐ Mark

☐ Reinstatement

☐ Limited Partnership

☐ Annual Report

☐ Other

☒ LLC

☐ Name Registration

**Formation**

☐ Fictitious Name

☐ UCC

☒ Certified Copy

☐ Photocopies

☐ CUS

**New Formation**

☐ Call When Ready

☐ Call If Problem

☒ Walk In

☐ Will Wait

☒ Pick Up

☐ Mail Out

Name

6/23/2015

Order#:

Availability \_\_\_\_\_

**9597697**

Document

**ST**

Examiner \_\_\_\_\_

Ref#: \_\_\_\_\_

Updater \_\_\_\_\_

Verifier \_\_\_\_\_

W.P. Verifier \_\_\_\_\_

Amount: \$ \_\_\_\_\_

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Solstice Residential South, 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:

Angela Fletcher

Name of Person

Bridge Service Corp.

Firm/Company

299 Broadway, Suite 1508

Address

New York, NY 10007

City/State and Zip Code

afletch@bridgeservice.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Angela Fletcher

212

267-8600

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 24, 2015

WOLTERS KLUWER

**\*RE-SUBMIT\***

Please retain original filing  
date of submission 6/23

SUBJECT: SOLSTICE RESIDENTIAL GROUP SOUTH, LLC  
Ref. Number: W15000043313

We have received your document for SOLSTICE RESIDENTIAL GROUP SOUTH, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The authorized representative member listed in the document and the member signing must be the same.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Claretha Golden  
Regulatory Specialist II  
New Filing Section

Letter Number: 815A00013285

RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
15 JUN 25 AM 11:14  
TO: AG ANTHONY  
SUFFICIENCY OF FILING

APPROVED  
AND  
FILED

15 JUN 23 AM 11:03

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Solstice Residential Group South, 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:**

701 Brickell Avenue, Suite 1490  
Miami, FL 33131

**Mailing Address:**

701 Brickell Avenue, Suite 1490  
Miami, FL 33131

**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:

NRAI Services, Inc.

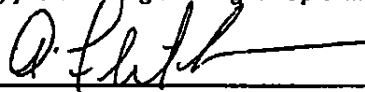
Name

1200 South Pine Island Road

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

<u>Plantation</u>	<u>FL</u>	<u>33324</u>
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)

APPROVED  
AND  
FILED

15 JUN 23 AM 11:03

**ARTICLE IV-**

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

Alex Kalajian - MGR

**Name and Address:**

c/o Solstice Residential Group

257 Park Avenue South, Suite 303

New York, NY 10010

Benjamin London - MGR

701 Brickell Avenue, Suite 1490, Miami, FL 33131

(Use attachment if necessary)

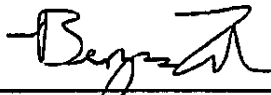
**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(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.)

Benjamin London

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)