L15000153298

| (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: |
| |
| |
| |
| |
| |





200276592812

09/03/15--01013--019 **160.00

SECRETARY OF STATE



144

COVER LETTER

| TO: Registration Section Division of Corporations |
|---|
| SUBJECT: 22280SW93PL 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: |
| Tean Have House T |
| SM J Realty 11 C |
| 1500 Bay Road Unit 568 |
| City/State and Zip Code TmmSmmm & Col. Com E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Jean Maic Mennier at (786) 253 5185 Name of Person Area Code Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| \$125.00 Filing Fee \$\text{S130.00 Filing Fee & Certificate of Status}\$ Certificate of Status (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| Mailing Address New Filing Section New Filing Section Division of Corporations Physician of Corporations |

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 New Filing 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: | 15 SEP -3 PM 2: 20 |
|---|--|
| 22180SW93PL LLC | SECRETARY OF STATE TALLAHASSEE, FLORIDA |
| (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:

SM Realty LC

SM

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:

1

Tean Marc Meunier.

Name

1500 Bry Road Unt 168.

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

Miani Boad Fl 33139

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..

(CONTINUED)

egistered Agent's Signature (RBODIRED)

Page 1 of 2

| <u> Citle:</u> | | Name and Address: |
|---|---|--|
| "AMBR" = Authorized I | Member | |
| "MGR" = Manager | | Tean Marc Mouniet of MGG |
| | | 1 Co Bry Road but 568 |
| | | Miany Beach Fl 33139 |
| | | 三 |
| | | <u>>2</u> |
| | | |
| | | |
| | | H _C |
| | | - ₁₇ -7% |
| | | |
| | | |
| | | · *** |
| | | |
| | | |
| | | |
| , | | |
| (Use attachment if neces | ssary) | |
| ective date is listed, the of filing.) | date must be specific an | : (OPTIONAL) d cannot be more than five business days prior to or 90 d |
| ective date is listed, the of filing.) The date inserted in this | date must be specific an | d cannot be more than five business days prior to or 90 d applicable statutory filing requirements, this date will not b |
| ective date is listed, the of filing.) The date inserted in this | date must be specific an block does not meet the the Department of State | d cannot be more than five business days prior to or 90 d applicable statutory filing requirements, this date will not b |
| ective date is listed, the of filing.) The date inserted in this ment's effective date on | date must be specific an block does not meet the the Department of State if any. | d cannot be more than five business days prior to or 90 d applicable statutory filing requirements, this date will not b |
| ective date is listed, the of filing.) The date inserted in this ment's effective date on EVI: Other provisions, | date must be specific an block does not meet the the Department of State if any. | d cannot be more than five business days prior to or 90 d applicable statutory filing requirements, this date will not b |
| ective date is listed, the of filing.) The date inserted in this ment's effective date on EVI: Other provisions, REOUIRED SIGNAT | block does not meet the the Department of State if any. | d cannot be more than five business days prior to or 90 dapplicable statutory filing requirements, this date will not be safety records. |
| ective date is listed, the of filing.) The date inserted in this ment's effective date on EVI: Other provisions, REOUIRED SIGNAT S This do | block does not meet the the Department of State if any. URE: ignature of a member of coument is executed in accordance. | applicable statutory filing requirements, this date will not be so records. The analysis of a member of a member of the statutes of a member of the statutes of a member of the statutes. |
| ective date is listed, the of filing.) It he date inserted in this ment's effective date on E VI: Other provisions, REOUIRED SIGNAT S This do I am av | block does not meet the the Department of State if any. URE: ignature of a member of coument is executed in accordance that any false inform | applicable statutory filing requirements, this date will not be so records. The analysis of a member of a member of statutes attion submitted in a document to the Department of State of the statute of the statutes attion submitted in a document to the Department of State of the statutes attion submitted in a document to the Department of State of the statutes attion submitted in a document to the Department of State of the statutes attion submitted in a document to the Department of State of the statutes attions at the statute of the statutes at the statute of the stat |
| ective date is listed, the of filing.) The date inserted in this ment's effective date on EVI: Other provisions, REOUIRED SIGNAT S This do I am av | block does not meet the the Department of State if any. URE: ignature of a member occument is executed in account that any false informates a third degree felony | r an authorized representative of a member. cordance with section 605.0203 (1) (b), Florida Statutes. ation submitted in a document to the Department of State as provided for in s.817.155, F.S. |
| ective date is listed, the of filing.) The date inserted in this ment's effective date on EVI: Other provisions, REOUIRED SIGNAT S This do I am av | block does not meet the the Department of State if any. URE: ignature of a member of secument is executed in account at any false informates a third degree felony | r an authorized representative of a member. coordance with section 605.0203 (1) (b), Florida Statutes. as provided for in s.817.155, F.S. |
| ective date is listed, the of filing.) It he date inserted in this ment's effective date on E VI: Other provisions, REOUIRED SIGNAT S This do I am av | block does not meet the the Department of State if any. URE: ignature of a member of secument is executed in accordance that any false informates a third degree felony | applicable statutory filing requirements, this date will not be street representative of a member. cordance with section 605.0203 (1) (b), Florida Statutes. ation submitted in a document to the Department of State as provided for in s.817.155, F.S. |
| ective date is listed, the of filing.) The date inserted in this ment's effective date on EVI: Other provisions, REOUIRED SIGNAT S This do I am av | block does not meet the the Department of State if any. URE: ignature of a member of secument is executed in accordance that any false informates a third degree felony | r an authorized representative of a member. coordance with section 605.0203 (1) (b), Florida Statutes. as provided for in s.817.155, F.S. |
| ective date is listed, the of filing.) The date inserted in this ment's effective date on E VI: Other provisions, REOUIRED SIGNAT S This do I am av constitute. | block does not meet the the Department of State of any. URE: ignature of a member of secure of the comment is executed in account that any false informates a third degree felony. Types | applicable statutory filing requirements, this date will not be street. The an authorized representative of a member. The cordance with section 605.0203 (1) (b), Florida Statutes. attion submitted in a document to the Department of State as provided for in s.817.155, F.S. The Cordance of sighee Filing Fees: |
| ective date is listed, the of filing.) The date inserted in this ment's effective date on E. VI: Other provisions, REOUIRED SIGNAT S This do I am av constitute \$125.00 Filing Fee for | block does not meet the the Department of State if any. URE: ignature of a member of secure is executed in account is executed in account at the angle of the secure in account in the secure in the | r an authorized representative of a member. cordance with section 605.0203 (1) (b), Florida Statutes. ation submitted in a document to the Department of State as provided for in s.817.155, F.S. |
| ective date is listed, the of filing.) The date inserted in this ment's effective date on E VI: Other provisions, REOUIRED SIGNAT S This do I am av constitute \$125.00 Filing Fee for \$30.00 Certified Co | block does not meet the the Department of State if any. URE: ignature of a member of secure is executed in account is executed in account at the angle of the secure in account in the secure in the | applicable statutory filing requirements, this date will not be street. The an authorized representative of a member. The cordance with section 605.0203 (1) (b), Florida Statutes. attion submitted in a document to the Department of State as provided for in s.817.155, F.S. The Cordance of sighee Filing Fees: |

ARTICLE IV-

Page 2 of 2