

L15000175497

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

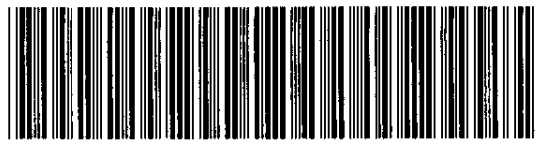
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



200278043332

10/16/15--01001--020 \*\*160.00

RECEIVED  
DEPARTMENT OF REVENUE  
15 OCT 15 PM 4:33  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED  
15 OCT 15 PM 4:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

OCT 15 2015

T SCHROEDER

NATIONAL REGISTERED AGENTS, INC. (formerly CORPDIRECT AGENTS, INC.)  
2075 CENTRE POINTE BLVD, SUITE 101  
TALLAHASSEE, FL 32308  
850-205-8847

**FILING COVER SHEET**  
**ACCT. #FCA-23**

**CONTACT:**        RICKY SOTO

**DATE:**            10/15/2015

**REF. #:**           9734100

**CORP. NAME:**   SO DISTRICT CO-INVEST, LLC

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION   | <input type="checkbox"/> ARTICLES OF AMENDMENT  | <input type="checkbox"/> ARTICLES OF DISSOLUTION      |
| <input type="checkbox"/> ANNUAL REPORT               | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME              |
| <input type="checkbox"/> FOREIGN QUALIFICATION       | <input type="checkbox"/> LIMITED PARTNERSHIP    | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT               | <input type="checkbox"/> MERGER                 | <input type="checkbox"/> WITHDRAWAL                   |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION |   |   |
| <input type="checkbox"/> OTHER:                      |   |   |

**STATE FEES PREPAID WITH CHECK# 31248621 FOR \$ 160.00**

**AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:**

\_\_\_\_\_ **COST LIMIT: \$** \_\_\_\_\_

**PLEASE RETURN:**

- CERTIFIED COPY         CERTIFICATE OF GOOD STANDING         PLAIN STAMPED COPY  
 CERTIFICATE OF STATUS

Examiner's Initials

**ARTICLES OF ORGANIZATION  
OF  
SO DISTRICT CO-INVEST, LLC  
*(a Florida limited liability company)***

Pursuant to Florida Statutes §605.0201, the undersigned hereby submits the following Articles of Organization of **SO DISTRICT CO-INVEST, LLC** for the purpose of forming a limited liability company under the laws of the State of Florida.

**ARTICLE I.  
Name**

The name of the Limited Liability Company is "**SO DISTRICT CO-INVEST, LLC**" (the "**Company**").

**ARTICLE II.  
Principal Office**

The mailing address and street address of the principal office of the Company is: 401 East Las Olas Blvd, Suite 2200, Fort Lauderdale, FL 33301.

**ARTICLE III.  
Registered Agent**

The name of the initial registered agent of the Company is **David W. Horvitz**, and the street address of the Company's initial registered agent is 401 East Las Olas Blvd, Suite 2220, Fort Lauderdale, FL 33301.

These Articles of Organization are hereby executed by the undersigned Authorized Representative of the Company.



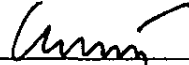
\_\_\_\_\_  
David W. Horvitz  
Authorized Representative

15 OCT 15 PM 4:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

**Acceptance of Appointment of Registered Agent**

David W. Horvitz, having been named the Registered Agent of **SO DISTRICT CO-INVEST, LLC**, hereby accepts such designation and is familiar with, and accepts, the obligations of such position, as provided in Chapter 605 of Florida Statutes.



\_\_\_\_\_  
David W. Horvitz

Date: 10-15-15

APPROVED  
AND  
FILED

15 OCT 15 PM 4:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA