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T SCHROEDER

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 857305 131879A

AUTHORIZATION :



COST LIMIT : \$ 125.00

ORDER DATE : November 2, 2015

ORDER TIME : 5:22 PM

ORDER NO. : 857305-005

CUSTOMER NO: 131879A

DOMESTIC FILING

NAME: GOLIAD GRANT III LLC

EFFECTIVE DATE:

_____ ARTICLES OF INCORPORATION
_____ CERTIFICATE OF LIMITED PARTNERSHIP
XX _____ ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams - EXT. 62935

EXAMINER'S INITIALS: _____

ARTICLES OF ORGANIZATION
FOR
GOLIAD GRANT III LLC,
A FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I-NAME:

The name of the Limited Liability Company is:

GOLIAD GRANT III LLC, a Florida limited liability company

ARTICLE II-ADDRESS:

The Mailing Address of the principal office of the Limited Liability Company is:

Address: 6340 Sunset Drive, Miami, Florida 33143

ARTICLE III-TERM:

The period of duration of the Limited Liability Company is:

Perpetual

ARTICLE IV-MANAGEMENT:

Until further notice, the Limited Liability Company is to be managed by a manager and said manager is as follows:

ROSANNE WRIGHT

Address: 6340 Sunset Drive, Miami, Florida 33143

ARTICLE V-ADMISSION OF ADDITIONAL MEMBERS:

The entire membership of the Limited Liability Company shall be composed of Members. The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be:

New members may be admitted upon the approval by all of the then existing members of the Limited Liability Company.

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ARTICLE VI-MEMBERS RIGHTS TO CONTINUE BUSINESS:

The right, if given, of the remaining members of the Limited Liability Company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the Limited Liability Company shall be:

The remaining members may continue operating the business provided that the occurrence of any of the foregoing event shall not result in the admission of a replacement member (such as in the event of judicial or administrative proceeding) that is not acceptable to the remaining members.

MANAGER:

By: Rosanne Wright
Name: ROSANNE WRIGHT
Date: November 2, 2015

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CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTIONS 605.0203 (1) (b), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

GOLIAD GRANT III LLC, a Florida limited liability

2. The name and street address of the registered agent are:

Name: ROSANNE WRIGHT

Address: 6340 Sunset Drive, Miami, Florida 33143

Having been named as registered agent and to accept services 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.

By: Rosanne Wright
Name: ROSANNE WRIGHT

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