

## Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

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## FLORIDA LIMITED LIABILITY CO. Avanti Dubill Interests 8, LLC

| Certificate of Status | 1        |
|-----------------------|----------|
| Certified Copy        | 1        |
| Page Count            | 04       |
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Electronic Filing Menu

Corporate Filing Menu

Help

## COVER LETTER

| 10:        | egistration Section<br>vision of Corporations  |                          |
|------------|--|--------------------------|
| SUBJEC     | AVANTI DUBILL INTERESTS 8, LLC   |                          |
| SUBJEC     | Name of Limited Liability Company  |                          |
| The encl   | ed Articles of Organization and fee(s) are submitted for filing.   |                          |
| Please re  | rn all correspondence concerning this matter to the following:   |                          |
|            | Andrew Dubili  |                          |
|            | Name of Person   |                          |
|            | c/o Avanti Properties Group  |                          |
|            | Firm/Company   |                          |
| •          | 923 N. Pennsylvania Avenue   |                          |
|            | Address  |                          |
|            | Winter Park, FL 32789  |                          |
|            | City/State and Zip Code akabourek@avantiprop.com   |                          |
|            | E-mail address: (to be used for future annual report notification)   |                          |
| For furthe | oformation concerning this matter, please call:  |                          |
|            | ar (   |                          |
|            | Name of Person Area Code Daytime Telephone Number  |                          |
| Enclosed   | a check for the following amount:  |                          |
| \$125.00   | ling Fee \$130.00 Filing Fee & \$155.00 Filing Fee & Certificate of Status & Cer |                          |
|            | Mailing Address  New Filing Section  Division of Corporations  P.O. Box 6327  Taliahassee, FL 32314  Mailing Address  New Filing Section  Division of Corporations  Clifton Building  2661 Executive Center Circle  Tallahassee, FL 32301  | K <sub>iliggines</sub> j |

## · ARTICLES OF ORGANIZATION FOR FLORIDALIMITED LIABILITY COMPANY

| ARTICLE I - Name:                            |
|--|
| The name of the Limited Liability Company is |
| AVANTI DUBILL INTERESTS 8                    |

| (Must   | end with the words "Limited   | Liability Company                                  | , "L.L.C.," or "LLC.")                                 |
|---|---|--|--|
| RTICLE II - Address:                                  |   |  |  |
| he mailing address and stre                           | eet address of the principal o  | ffice of the Limited                               | Liability Company is:                                  |
| <u>Pri</u>  | ncipal Office Address:  |  | Malling Address:                                       |
| 923 N. Pennsylv                                       | rania Avenue  | Sam  | e  |
| Winter Park, FL                                       |   |  |  |
|   |   |  |  |
| The Limited Liability Comp                            | I Agent, Registered Office,<br>pany cannot serve as its own<br>an active Plorida registratio                                    | Registered Agent.                                  | it's Signature;<br>You must designate an individual or |
| The Limited Liability Components business entity with | pany cannot serve as its own  | Registered Agent. 'on.)                            |  |
| The Limited Liability Composite business entity with  | pany cannot serve as its own<br>an active Plorida registration<br>reet address of the registered                                | Registered Agent. 'on.)                            |  |
| The Limited Liability Composite business entity with  | pany cannot serve as its own<br>an active Plorida registration<br>reet address of the registered                                | Registered Agent. Von.) dagent are: Name           |  |
| The Limited Liability Composite business entity with  | pany cannot serve as its own I an active Plorida registration reet address of the registered Andrew Dubill                      | Registered Agent. Von.)  dagent are:  Name  Avenue | You must designate an individual or                    |
| The Limited Liability Composite business entity with  | pany cannot serve as its own i an active Plorida registration reet address of the registered Andrew Dubill  923 N. Pennsylvania | Registered Agent. Von.)  dagent are:  Name  Avenue | You must designate an individual or                    |

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)

Page 1 of 2

| "MGR" = Manager<br>MGR   | Name and Address:   |
|--|---|
|  | Andrew Dubill   |
|  | 923 N. Pennsylvania Avenue  |
|  | Winter Park, FL 32789   |
| **************************************   |   |
|  |   |
|  |   |
|  |   |
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|  |   |
|  |   |
| (Use attachment if necessary)  |   |
| ffective date is listed, the date must be spe  | of filing: (OPTIONAL) sciffe and cannot be more than five business days prior to or 90  |
| ffective date is listed, the date must be spe<br>e of filing.)   | ecific and cannot be more than five business days prior to or 90 acet the applicable statutory filing requirements, this date will not  |
| ffective date is listed, the date must be spe<br>of filing.)<br>If the date inserted in this block does not m  | ecific and cannot be more than five business days prior to or 90 acet the applicable statutory filing requirements, this date will not  |
| ffective date is listed, the date must be spe<br>of filing.) If the date inserted in this block does not m<br>ument's effective date on the Department of  | ecific and cannot be more than five business days prior to or 90 acet the applicable statutory filing requirements, this date will not  |
| ffective date is listed, the date must be spe<br>of filing.) If the date inserted in this block does not m<br>ument's effective date on the Department of  | ecific and cannot be more than five business days prior to or 90 acet the applicable statutory filing requirements, this date will not  |
| fective date is listed, the date must be special filing.) If the date inserted in this block does not mument's effective date on the Department of LE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a me This document is executed any aware that any false | ecific and cannot be more than five business days prior to or 90 acet the applicable statutory filing requirements, this date will not  |
| fective date is listed, the date must be special filing.) If the date inserted in this block does not mument's effective date on the Department of LE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a me This document is executed any aware that any false | mber or an authorized representative of a member. ed in accordance with section 605.0203 (1) (b), Florida Statutes, information submitted in a document to the Department of State. |

Page 2 of 2