

**Florida Department of State**  
**Division of Corporations**  
**Electronic Filing Cover Sheet**

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**To:**

Division of Corporations  
 Fax Number : (850) 617-6381

**From:**

Account Name : LAW OFFICES OF CARRILLO & CARRILLO, P.A.  
 Account Number : I20060000049  
 Phone : (305) 460-6001  
 Fax Number : (305) 460-6002

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

**Email Address:** carrillolawyers@ carrillolawyers.com

**FLORIDA LIMITED LIABILITY CO.**  
**Kentucky Avenue Apartments of Florida, LLC**

Certificate of Status	1
Certified Copy	1
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January 7, 2016

FLORIDA DEPARTMENT OF STATE

Division of Corporations

LAW OFFICES OF CARRILLO & CARRILLO, P.A.

\*\*\*\*\*FAX FILING\*\*\*\*\*

SUBJECT: KENTUCKY AVENUE APARTMENTS OF FLORIDA, LLC  
REF: W1600000984

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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Tina D Cannon  
Regulatory Specialist II

FAX Aud. #: E16000003806  
Letter Number: 416A00000416

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## COVER LETTER

TO Registration Section  
Division of Corporations

SUBJECT: Kentucky Avenue Apartments of Florida, 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:

Felix R. Carrillo, Esq.

Name of Person

Law Offices of Carrillo & Carrillo, P.A.

Firm/Company

3676 S.W. 2nd Street

Address

Miami, Florida 33135

City/State and Zip Code

carrillolawyers@carrillolawyers.com

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

For further information concerning this matter, please call:

Yvonne Villavicencio

305

460-6001

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

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Kentucky Avenue Apartments of Florida, 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:**

1737 N.W. 41st Street

1973

Miami, FL 33178

**Mailing Address:**

2737 N.W. 41st Street

#973

Miami, FL 33178

**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:

**Law Offices of Carrillo & Carrillo, P.A.**

## Nature

3676 S.W. 2nd Street

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

Miami

FL

33135

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)

Felix R. Camillo, Esq.

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**ARTICLE IV-**

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

**Title:**

"AMBR" - Authorized Member

"MGR" - Manager

MGR**Name and Address:**Donald J. Scarcello, II  
9737 N.W. 41st Street, #973  
Mirai, FL 33178

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TALLAHASSEE, FLORIDA

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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: January 1, 2016 (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.

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**REQUIRED SIGNATURE:**

Signature of a member or authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.  
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.Donald J. Scarcello

Typed or printed name of signer

**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)

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