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(Re	questor's Name)	
(Ad	dress)	.
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(Cit	y/State/Zip/Phone	÷#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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MAR 1 0 2016 T SCHROEDER

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500
ACCOUNT NO. : I2000000195
REFERENCE : 050063 8072741
AUTHORIZATION: Spellelena
COST LIMIT: \$ 125.00
ORDER DATE : March 9, 2016
ORDER TIME : 10:28 AM
ORDER NO. : 050063-005
CUSTOMER NO: 8072741
DOMESTIC FILING NAME: CAMERON AVENUE CHARTER PROPERTY 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:

CORPORATION SERVICE COMPANY

COVER LETTER

	egistration Section ivision of Corporations	
	Cameron Avenue Charter Property	LLC
SUBJECT		Limited Liability Company
The enclos	ed Articles of Organization and fee(s)	are submitted for filing.
Please retu	rn all correspondence concerning this	matter to the following:
	Stephanie Durham	
		Name of Person
	Corporation Service Company	
		Firm/Company
	1201 Hays Street	
		Address
	Tallahassee, Florida 32310	
	info@cscglobal.com	City/State and Zip Code
_		ed for future annual report notification)
For further is	formation concerning this matter, plea	ase call:
	David Cohen	904 633-7979
	Name of Person	Area Code Daytime Telephone Number
Enclosed is	a check for the following amount:	
\$125.00 Fi	ling Fee \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy (additional copy is enclosed) 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liabili	ty Company is:				
Cameron Avenue C			•	, 	
(Must end	with the words "Limited	l Liability Co	mpany, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street a	ddress of the principal o	ffice of the I	imited Liability Company is	:	
Princip	al Office Address:		Mailing A	ddress:	
910 17th Street NW			910 17th Street NW		
Suite 1100			Suite 1100		
Washington, D.C. 20)006		Washington, D.C. 20006		
another business entity with an a	•	agent are:		-	
	1201 Hays Street				
	Florida street address	(P.O. Box <u>I</u>	(OT acceptable)		
	Tallahassee, FL 3230	1			
	City	State	Zip		
Having been named as registered a place designated in this certificate, further agree to comply with the param familiar with and accept the ob	I hereby accept the apportisions of all statutes redigations of my position of Corporation Services By:	pintment as re lating to the as registered vice Comp	gistered agent and agree to a proper and complete perform agent us provided for in Chap any	act in this capacity. I ance of my duties, and I	t. Vice President
		(CONTINU	JED)		

Page 1 of 2

16 HAR-9 期 8: 25

HARATED R.	- 4 - 41 2 43 4 1	Name and Address:	
	= Authorized Member		
"MGR" = : MGR	Manager	S. Joseph Bruno	
MOK		910 17th Street NW, Suite 1100	
		Washington, D.C. 20006	
		Washington, D.C. 20000	
-			
		To the second district the second sec	
		73 N - 440 - 740 - 140 -	
 			
		1,	
ARTICLE V: Effect	tive date, if other than the date of fil is listed, the date must be specific	ing: (OPTIONAL) and cannot be more than five business days prior to or 90 c	
he date of filing.) <u>Note:</u> If the date ins	serted in this block does not meet to ctive date on the Department of St	the applicable statutory filing requirements, this date will not tate's records.	•
he date of filing.) Note: If the date insthe document's effective.	provisions, if any.	ate's records.	•
he date of filing.) Note: If the date institute document's effect ARTICLE VI: Other	etive date on the Department of St	ate's records.	•
he date of filing.) Note: If the date institute document's effect ARTICLE VI: Other	provisions, if any. D SIGNATURE:	ate's records.	•
he date of filing.) Note: If the date ins he document's effect ARTICLE VI: Other	D SIGNATURE:	ate's records. Tor an authorized representative of a member.	•
he date of filing.) Note: If the date institute document's effect ARTICLE VI: Other	D SIGNATURE: Signature of a member of a may a may be a m	ate's records.	•
he date of filing.) Note: If the date institute document's effect ARTICLE VI: Other	D SIGNATURE: Signature of a member of a may a may be a m	ror an authorized representative of a member. accordance with section 605.0203 (1) (b), Florida Statutes. rmation submitted in a document to the Department of State	•
he date of filing.) Note: If the date institute document's effect ARTICLE VI: Other	D SIGNATURE: Signature of a member of a maware that any talse info constitutes a third degree felo S. Joseph Bruno	ror an authorized representative of a member. accordance with section 605.0203 (1) (b), Florida Statutes. rmation submitted in a document to the Department of State	•

ARTICLE IV-

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)