

L16 000068791

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

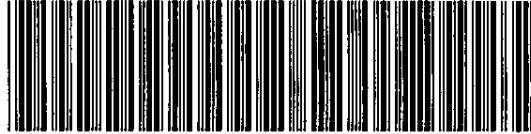
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Effective Date 05-01-2016

02/29/16--01035--016 \*\*185.00

W161  
17306

FILED  
16 APR - 8 PM 4:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

04-0215



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 8, 2016

MICHELLE SPITZ  
PO BOX 244444  
BOYNTON BEACH, FL 33424

SUBJECT: FLORIDA BROADWAY ASSOCIATES, LLC  
Ref. Number: W16000017306

We have received your document for FLORIDA BROADWAY ASSOCIATES, LLC and your check(s) totaling \$185.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(10), Florida Statutes, the entity must be active and current in filing its annual reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for filing.

On the articles of conversion you state the state in which the LLC was formed and the date it was filed.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tim Burch  
Regulatory Specialist II

Letter Number: 716A00004776

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

FLORIDA BROADWAY ASSOCIATES, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

Effective Date 05, 01, 2016

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**

2084 SW 14<sup>th</sup> AVENUE  
BOYNTON BEACH, FL  
33426

**Mailing Address:**

PO BOX 244444  
BOYNTON BEACH, FL  
33424

**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:

MICHELE C SPITZ

Name

2084 SW 14<sup>th</sup> AVENUE

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

BOYNTON BEACH FL 33426

City

Zip

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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*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)

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

DIRECTOR

MICHELE C SPITZ  
PO BOX 244444  
BOUNTON BEACH, FL 33424

MICHELE C SPITZ

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