

L16000127623

Florida Department of State

Division of Corporations

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To:

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

From:

Account Name : BARITZ & COLMAN LLP
Account Number : I20000000130
Phone : (561)864-5100
Fax Number : (561)864-5101

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

Email Address: jbrown@baritzcolman.com

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TALLAHASSEE, FLORIDA

FLORIDA LIMITED LIABILITY CO.
Atlantic Multi Family 12 - Bella Terraza, LLC

Certificate of Status	1
Certified Copy	0
Page Count	04
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TALLAHASSEE, FLORIDA

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ATLANTIC MULTI FAMILY 12 - BELLA TERRAZA, 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:

Jaqueline S. Brown

Name of Person

Baritz & Colman LLP

Firm/Company

1075 Broken Sound Parkway NW, Suite 102

Address

Boca Raton, FL 33487

City/State and Zip Code

jbrown@baritzcolman.com

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

For further information concerning this matter, please call:

Jaqueline S. Brown

at (561)

864-5100

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
2461 Executive Center Circle
Tallahassee, FL 32301

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TALLAHASSEE FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ATLANTIC MULTI FAMILY 12 - BELLA TERRAZA, 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:

Mailing Address:

Attn: Mahesh P. Desai

Attn: Mahesh P. Desai

9045 Vista Way

9045 Vista Way

Parkland, FL 33076

Parkland, FL 33076

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signatory:

(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 is:

Mahesh P. Desai

Name

9045 Vista Way

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

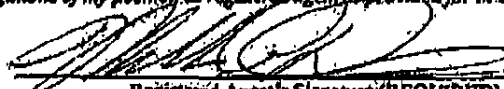
Parkland, FL 33076

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 603, F.S.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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

AMBR

Name and Address

Mahesh P. Desai

9043 Vista Way

Parkland, FL 33076

MGR

Hiren R. Patel

9043 Vista Way

Parkland, FL 33076

MGR

Bradley D. Lopez

9043 Vista Way

Parkland, FL 33076

MGR

Nyota J. Desai

9043 Vista Way

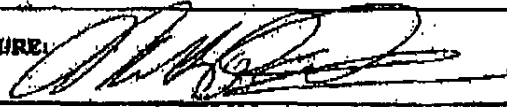
Parkland, FL 33076

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: July 11, 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:**REQUIRED SIGNATURE:**Signature of a member or an 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 § 817.155, F.S.

Mahesh P. Desai

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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