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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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FLORIDA LIMITED LIABILITY CO.

Atlantic Multi Family 12 - Bella Terraza, LLC

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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:

Jacqueline S. Brown
Name of Person

Baritz & Colman LLP
Firm/Company

1075 Broken Sound Parkway NW, Suite102
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:

Jacqueline 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
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:

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 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:

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 605, F.S.

Registered Agent's Signature (REQUIRED)

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(CONTINUED)

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

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address
AMBR	Mahesh P. Desai 9045 Vista Way Parkland, FL 33076
MGR	Hiren R. Patel 9045 Vista Way Parkland, FL 33076
MGR	Bradley D. Loner 9045 Vista Way Parkland, FL 33076
MGR	Nyota J. Desai 9045 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 s.817.155, F.S.

Mahesh P. Desai
Typed or printed name of signee

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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