

L16000182952

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500290104565

09/30/16--01015--008 **155.00

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 SEP 30 AM 11:00

COVER LETTER

ORIGINALTO: Registration Section
Division of CorporationsSUBJECT: Shorewood CARES, 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:

David L. Donnelly

Name of Person

Shorewood CARES, LLC

Firm/Company

201 Columbine St., Ste. 300

Address

Denver, Colorado 80206

City/State and Zip Code

david.donnelly@shorewood.com

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

For further information concerning this matter, please call:

David Donnelly

Name of Person

at (303)

Area Code

220-6273

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

16 SEP 30 AM 11:00

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Shorewood CARES, 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:

20803 Biscayne Blvd.
Ste. 303
Aventura, FL 33180

Mailing Address:

201 Columbia St.
Ste. 300
Denver, Colorado 80206

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:

Kimberly Herman

Name

20803 Biscayne Blvd., Ste. 303

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

Aventura

FL

33180

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)

(CONTINUED)

16 SEP 30 AM 11:00

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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, AMBR

Name and Address:

Kimberly Herman

201 Columbia St., Ste. 300

Denver, Colorado 80206

Authorized Representative

Roger Herman

201 Columbia St., Ste. 300

Denver, CO 80206

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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.

Kimberly Herman

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)