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Division of Corporations

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FLORIDA LIMITED LIABILITY CO. 211 SANTILLANE, LLC

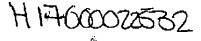
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1/24/2017

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COVER LETTER



	Registration Section Division of Corporations			
	211 SANTILLANE, LLC			
SUBJEC'	I: Name	of Limited Liabil	ity Company	
The enclo	sed Articles of Organization and fee	e(s) are submitted	for filing.	
Please ret	um all correspondence concarning t	his matter to the (following:	
	Michael G. Sherman			
		Name of	Person	
	Thomas G. Sherman, P.A.			
		Firm/Co	mpany	
	90 Almeria Avenue			
		Addr	CS3	
	Coral Gables, Florida 33134			
	mike@uniontitleservices.com	City/State an	d Zip Code	
	E-mail address: (to be	used for future a	nnual report notificati	ion)
For further	information concerning this matter,	please call:		
	Michael Sherman	305	448-5898	
	Name of Person	Area Code	Daytime Telephon	e Number
Enclosed i	s a check for the following amount:			
\$125.00 F	iling Fee \$130.00 Filing Fee Certificate of State	us LCertific	O Filing Fee & [ad Copy all copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address		Street Address	
	New Filing Section Division of Comparations		New Filing Section Division of Compositi	^# ^

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

The name of the Limited Liabi		d Liability Company	of C nor of Con		
ARTICLE II - Address: The mailing address and street					
Princ	inal Office Address:		Mailing Addres	z :	
1390 S. Dixie High Coral Gables, Flori			S. Dixie Highway, Suite # Gables, Florida 33146	1105	
ARTICLE III - Registered A (The Limited Liability Compa- another business entity with a The name and the Florida street	ny cannot serve as its owi n active Florida registrati	n Registered Agent. Y on.) d agent are:		ridual or	
	THOMAS OF BUILDING	Name			
	90 Almeria Avenue				
	Florida street addres	ss (P.O. Box <u>NOT</u> ac	ceptable)		
	Coral Gables	Florida	33134		
	City	State	Zip		
Having been named as registered place designated in this certificate further agree to comply with the just familiar with and accept the comply with the just familiar with and accept the complete the complete familiar with and accept the complete familiar with an accept the complete familiar with a complete familiar	te, I hereby accept the app provisions of all statutes r obligations of my position	pointment as registered relating to the proper	lagent and agree to act in in indecomplete performance of provided for in Chapter 60	this capacity. I of my duttes, and I	•
		(CONTINUED)		2017 TALLA	-7
		Page 1 of 2		RETARY OF STATE AHASSEE, FLORID	Production of the second

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	v 4
MGR	Luis Arevalo 1390 S. Dixie Highway, Suite # 1105
	Coral Gables, Florida 33146
	The state of the s
(Use attachment if necessary)	
ective date is listed, the date must be If filing.)	date of filing: <u>January 24, 2017</u> . (OPTIONAL) is specific and cannot be more than five business days prior to or 90 not meet the applicable statutory filing requirements, this date will not
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Page 2 of 2