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DEPARTMENT OF STAT

C. GOLDEN MAR 2 0 2017 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

Phone: 850-558-1500
ACCOUNT NO. : 12000000195
REFERENCE : 558894 /7567450
AUTHORIZATION:
COST LIMIT : \$ 125.00
ORDER DATE: March 16, 2017
ORDER TIME : 3:52 PM
ORDER NO. : 558894-005
CUSTOMER NO: 7567450
·
DOMESTIC FILING
NAME: 2700 LAKEVIEW LLC
EFFECTIVE DATE:
ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP ARTICLES OF ORGANIZATION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Melissa Zender - EXT.
EXAMINER'S INITIALS:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Li	iability Company is:		2017	1. 31.21
0700 7 1	110		SEC	
2700 Lakeview (Must	t contain the words "Limited I	Liability Company, '	L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and str	reet address of the principal of	ffice of the Limited 1	Liability Company is:	
<u>Pri</u>	incipal Office Address:		Mailing Address:	
980 North Fede	ral Highway, Suite 315	980 1	North Federal Highway, Suite 315	
Boca Raton, Flo			Raton, Florida 33432	
The name and the Florida si	treet address of the registered <u>Corporation Service Corporation </u>	Company		
The name and the Florida s	Corporation Service (_		
The name and the Florida s	_	Company Name	ceptable)	
The name and the Florida s	Corporation Service (Company Name	ceptable)	
The name and the Florida s	Corporation Service (1201 Hays Street Florida street address	Company Name (P.O. Box NOT acc		
aving been named as registe lace designated in this certifi orther agree to comply with ti	Corporation Service (1201 Hays Street Florida street address Tallahassee City ered agent and to accept service icate, I hereby accept the appoint provisions of all statutes rei	Name (P.O. Box NOT acc FL State ce of process for the continuent as registered lating to the proper as registered agent as	32301	ity. I es, and I

Page 1 of 2

Title: "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager		
AMRB and MGR	Gerald Kazma	
Territory topic treeste	980 North Federal Highway, Suite 315	
	Boca Raton, Florida 33432	
AMDD		
AMBR	Margaret Kazma	
	980 North Federal Highway, Suite 315	
	Boca Raton, Florida 33432	
AMBR	Leigh-Anee Kazma	
	980 North Federal Highway, Suite 315	
	Boca Raton, Florida 33432	
of filing.)	ific and cannot be more than five business days prior to	or 90 da
LE V: Effective date, if other than the date of fective date is listed, the date must be spec of filing.)	et the applicable statutory filing requirements, this date with	or 90 da
LE V: Effective date, if other than the date of fective date is listed, the date must be specifiling.) If the date inserted in this block does not meatment's effective date on the Department of	et the applicable statutory filing requirements, this date with	or 90 da
LE V: Effective date, if other than the date of fective date is listed, the date must be special filing.) If the date inserted in this block does not meament's effective date on the Department of LE VI: Other provisions, if any. REQUIRED SIGNATURE:	teet the applicable statutory filing requirements, this date will state it state.	or 90 da
LE V: Effective date, if other than the date of fective date is listed, the date must be special filing.) If the date inserted in this block does not meament's effective date on the Department of LE VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a mem This document is executed I am aware that any false in	et the applicable statutory filing requirements, this date with	or 90 da
LE V: Effective date, if other than the date of fective date is listed, the date must be special filing.) If the date inserted in this block does not meament's effective date on the Department of LE VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a mem This document is executed I am aware that any false in	there or an authorized representative of a member. In accordance with section 605.0203 (1) (b), Florida State of ormation submitted in a document to the Department of State o	or 90 da
LE V: Effective date, if other than the date of fective date is listed, the date must be spect of filing.) If the date inserted in this block does not meatment's effective date on the Department of LE VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a mem This document is executed I am aware that any false it constitutes a third degree for Gerald Kazma	there or an authorized representative of a member. In accordance with section 605.0203 (1) (b), Florida State of ormation submitted in a document to the Department of State o	or 90 da
LE V: Effective date, if other than the date of fective date is listed, the date must be spect of filing.) If the date inserted in this block does not meatment's effective date on the Department of LE VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a mem This document is executed I am aware that any false it constitutes a third degree for Gerald Kazma	the applicable statutory filing requirements, this date with applicable statutory filing requirements, this date with State's records. There or an authorized representative of a member, it is accordance with section 605.0203 (1) (b), Florida State information submitted in a document to the Department of State is provided for in s.817.155, F.S.	or 90 da

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