

LI7000146236

(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



600301123576

07/07/17--01006--016 **125.00

RECEIVED
DEPARTMENT OF REVENUE
17 JUL -7 PM 2:46

FILED
STATE
17 JUL -7 PM 4:03

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP:

7-7-17

☐ **CERTIFIED COPY**

☒ **PHOTOCOPY**

☐ **CUS**

☒ **FILING**

LLC

1. SILVER Sands TI LLC
(CORPORATE NAME AND DOCUMENT #)

2. _____
(CORPORATE NAME AND DOCUMENT #)

3. _____
(CORPORATE NAME AND DOCUMENT #)

4. _____
(CORPORATE NAME AND DOCUMENT #)

5. _____
(CORPORATE NAME AND DOCUMENT #)

6. _____
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**

FILED
SECRET
17 JUL - 7 PM 11:03
FBI

**ARTICLES OF ORGANIZATION
OF
SILVER SANDS TI LLC**

The undersigned authorized representative (the "Authorized Representative") signs these Articles of Organization and forms a limited liability company (the "Company") pursuant to Section 605.0201 of the Florida Revised Limited Liability Company Act (the "Act"), as follows:

ARTICLE I – NAME

The name of the limited liability company is:

Silver Sands TI LLC

ARTICLE II – MAILING ADDRESS AND STREET ADDRESS

The street and mailing address of the principal office of the Company is:

720 E. Henderson Avenue
Tampa, FL 33602
(Hillsborough County)

ARTICLE III – INITIAL REGISTERED AGENT AND OFFICE

The name and the Florida street address of the initial registered agent of the Company is:

Registered Agent Solutions, Inc.
155 Office Plaza Dr. Suite A
Tallahassee, FL 32301

The written acceptance of the Company's initial registered agent, pursuant to 605.0201 (2) (c) of the Florida Revised Limited Liability Act, is attached herein as Exhibit A.

ARTICLE IV – MANAGEMENT

The Company is manager-managed.

The name and address of the initial Member of the Company is:

EquiAlt Fund II, LLC
720 E. Henderson Avenue
Tampa, FL 33602
(Hillsborough County)

17 JUL -7 PM 4:03
SECRET
ATTN: [illegible]
[illegible]

The name and address of the initial Manager of the Company is:

EquiAlt Fund II, LLC
720 E. Henderson Avenue
Tampa, FL 33602
(Hillsborough County)

ARTICLE V – PURPOSE

The Company is being formed for the purpose of transacting any and all lawful business for which a limited liability company may be organized under the Florida Revised Limited Liability Company Act.

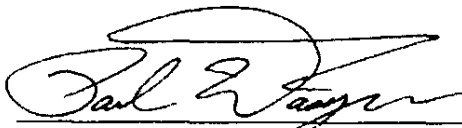
ARTICLE VI – DURATION

The Company shall have perpetual existence unless sooner dissolved, according to law; corporate existence shall commence upon the filing of the Articles of Organization by the Florida Department of State.

REC'D
OFFICE OF THE
CLERK OF THE
STATE
17 JUL -7 PM 4:03
TAMPA, FLORIDA

In accordance with Section 605.0203(1)(b), of the Florida Revised Limited Liability Company Act, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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 Section 817.155 of the Florida Statutes.

AUTHORIZED REPRESENTATIVE:


Paul Wassgren

Date: July 7, 2017

RECEIVED
FLORIDA
STATE
17 JUL -7 PM 4:03

EXHIBIT A

Written Acceptance of the Company's Initial Registered Agent

See attached.

SECRET
OFFICE OF THE
STATE
17 JUL -7 PM 4:03
FLORIDA

ACCEPTANCE BY REGISTERED AGENT

Pursuant to Article III of the Articles of Organization of Silver Sands TI LLC (the "Company"), the appointed initial registered agent and registered office information of the Company, in the State of Florida, is as follows.

1. The name of the Company is:

Silver Sands TI LLC

2. The name and address of the registered agent and office are:

Registered Agent Solutions, Inc.
155 Office Plaza Dr. Suite A
Tallahassee, FL 32301

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 of the Florida Statutes.

Signature: _____

Adam Saldana, Asst. Secretary

Date: July 7, 2017

RECEIVED
17 JUL -7 PM 4:03
STATE
RIDA