

From:

07/10/2017 13:15

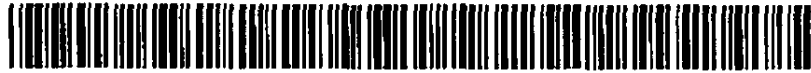
#431 P.001/003

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 07535000353
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RECEIVED
17 JUL 10 PM 3:35
DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
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**FLORIDA LIMITED LIABILITY CO.
SRF ASHFORD INDIAN TRAIL, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

FILED
17 JUL 10 AM 10:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

From:

07/10/2017 13:15

#431 P.002/003

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SRF Ashford Indian Trail, 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:

3370 NE 190 St Apt 2707
Aventura, FL 33180

c/o SRF Ventures
750 Lexington Ave, 15th Floor
New York, NY 10022

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:

Steven Fischler


Name

3370 NE 190 St Apt 2707

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

<u>Aventura</u>	<u>FL</u>	<u>33180</u>
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 505, F.S.


Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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17 JUL 10 AM 10:03
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TALLAHASSEE, FLORIDA

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07/10/2017 13:16

#431 P.003/003

ARTICLE IV-

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

<u>Title:</u>	<u>Name and Address:</u>
"AMBR" = Authorized Member	
"MGR" = Manager	
<u>MGR</u>	<u>Steven Fischler</u>
	<u>3370 NE 190 St Apt 2707</u>
	<u>Aventura, FL 33180</u>

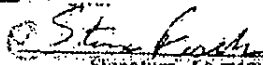
(Use attachment if necessary)

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.817.135, F.S.

Steven Fischler _____
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)

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