Page 1 of 2

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000187987 3)))



H170001879873ABCF

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : HUNT & GROSS, P.A.

Account Number : I20010000038 Phone : (561)997-9223 Fax Number : (561)989-8998

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: date, reed a chieffain properties com

MECEIVED 7 JUL 18 PH 4:53

FLORIDA LIMITED LIABILITY CO. RAMESH BROADSTONE, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

Electronic Filing Menu

Corporate Filing Menu

Help

(((H17000187987 3)))

COVER LETTER

10.	Division of Corporations				
รบชมะ	CI. RAM	ESH BROADSTO	ONE, LLC		
3000		rne of Limited Link	nility Company	ner	
The enc	losed Articles of Organization and	i fee(s) are submitt	ed for filing.		
Please n	etum all correspondence concerni	ng this matter to the	following:		
	BETSY COURANT				
		Name	of Person		
	HUNI & GROSS, P.A.				
		Firm/	Company		
	185 NW SPANISH RIVER E	SLVD., SUITE 220			
		Ad	dross		
	BOCA RATON, FL 33431			2017	
	dale.reed@chieflainproperties.	· ·	ınd Zip Code		7
	E-mail address: (t	o be used for future	annual report notification)	(0)20 (0)20	و د ده محمد
or furthe	r information concerning this mat	ter, please call:			
	Dale Reed	954 at (591-6272		
	Name of Person	Area Code	Daytime Telephone Number	13	
Enclosed	is a check for the following amo	unt:			
\$125.00	Filing Fee \$130.00 Filing Certificate of S	Status └──Certi	fied Copy Certificat mal copy is enclosed) Certified	Filing Fee, to of Status & Copy copy is enclosed)	·
	Mailing Address New Piling Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314	3	Street Address New Piling Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallabassee, FL 32301		· .

(((H17000187987 3)))

(((H17000187987 3)))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

		NE, LLC	
(Mus	it end with the words "Limited Lial	bility Company	"LL.C," or "LLC.")
E [I - Address:			
ng address and st	reet address of the principal office	of the Limited	Liability Company is:
<u>P</u> 1	rincipal Office Address:		Mailing Address:
	service Suite 106	300	SW 1st Avenue, Suite 106
300 SW 1st Av	TENUE, SUITE 100		
Fort Lauderdal E III - Registere ited Liability Consumess entity with the construction of the constructio	e, FL 33301 ad Agent, Registered Office, & R	egistered Ageristered Agent.	Lauderdale, FL 33301 at's Signature: You must designate an individual o
Fort Lauderdal E III - Registere ited Liability Consumess entity with the construction of the constructio	e, FL 33301 ad Agent, Registered Office, & Repany cannot serve as its own Regist an active Florida registration.) street address of the registered age	egistered Ageristered Agent.	nt's Signature:
Fort Lauderdal E III - Registere ited Liability Consumess entity with the construction of the constructio	e, FL 33301 ad Agent, Registered Office, & Repany cannot serve as its own Registration.) street address of the registered age Dale Reed	egistered Ageristered Agent.	nt's Signature:
Fort Lauderdal E III - Registere ited Liability Consumess entity with the construction of the constructio	e, FL 33301 ad Agent, Registered Office, & Repany cannot serve as its own Registration.) street address of the registered age Dale Reed	egistered Agent.	nt's Signature:
Fort Lauderdal E III - Registere ited Liability Consumess entity with the construction of the constructio	e, FL 33301 and Agent, Registered Office, & Registered Office, & Registered office, & Registered and active Florida registration.) street address of the registered age Daile Reed Na	egistered Agent. nt are: me	at's Signature: You must designate an individual o
Fort Lauderdal E III - Registere ited Liability Consumess entity with the construction of the constructio	e, FL 33301 and Agent, Registered Office, & Repany cannot serve as its own Registration.) street address of the registered age Dale Reed Na 300 SW 1st Avenue, Suit	egistered Agent. nt are: me	at's Signature: You must designate an individual o

(CONTINUED)

Page 1 of 2

Registered Agent's Signature (REQUIRED)

(((H17000187987 3)))

Litle:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager MGR	Dev Motwani
<u> </u>	300 SW 1st Avenue, Suite 106
	Fort Lauderdale, FL 33301
(Use attachment if necessary)	
LE V: Effective date, if other than the date of fective date is listed, the date must be special filing.)	f filing: July 17, 2017 (OPTIONAL) iffic and cannot be more than five business days prior to or 90 tet the applicable statutory filing requirements, this date will no
LE V: Effective date, if other than the date of the date is listed, the date must be specered filling.) If the date inserted in this block does not me nument's effective date on the Department of	iffic and cannot be more than five business days prior to or 90 eet the applicable statutory filing requirements, this date will no
LE V: Effective date, if other than the date of the feetive date is listed, the date must be spect of filing.) If the date inserted in this block does not me tument's effective date on the Department of	iffic and cannot be more than five business days prior to or 90 eet the applicable statutory filing requirements, this date will no
CLE V: Effective date, if other than the date of iffective date is listed, the date must be speced of filing.)	iffic and cannot be more than five business days prior to or 90 eet the applicable statutory filing requirements, this date will no
CLE V: Effective date, if other than the date of effective date is listed, the date must be specie of filing.) If the date inserted in this block does not me current's effective date on the Department of	iffic and cannot be more than five business days prior to or 90 eet the applicable statutory filing requirements, this date will no
CLE V: Effective date, if other than the date of effective date is listed, the date must be spece of filing.) If the date inserted in this block does not me current's effective date on the Department of CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a ment of the document is executed from aware that any false is	et the applicable statutory filing requirements, this date will not state's records. State's records. Indeer or an authorized representative of a member, d in accordance with section 605 0203 (1) (b), Florida Statutes, information submitted in a document to the Department of Sinte
ILE V: Effective date, if other than the date of flective date is listed, the date must be spece of filing.) If the date inserted in this block does not menument's effective date on the Department of ILE VI: Other provisions, if any. RECHIRED SIGNATURE: Signature of a menument is executed an aware that any false is constitutes a third degree to	iffic and cannot be more than five business days prior to or 90 set the applicable statutory filing requirements, this date will not state's records. Districtly a state of a member of a
CLE V: Effective date, if other than the date of effective date is listed, the date must be specie of filing.) If the date inserted in this block does not measurent's effective date on the Department of CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a ment of the department is executed a may aware that any false is constitutes a third degree to	tet the applicable statutory filing requirements, this date will not state's records. State's records. The property of a member of a mem
CLE V: Effective date, if other than the date of effective date is listed, the date must be specie of filing.) If the date inserted in this block does not measurement's effective date on the Department of CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a ment This document is executed I am aware that any false is constitutes a third degree: DEV MOTWANI	iffic and cannot be more than five business days prior to or yet the applicable statutory filing requirements, this date will not a State's records. Index or an authorized representative of a member, do in accordance with section 605 0203 (1) (b), Florida Statutes, information submitted in a document to the Department of State fellony as provided for in s.817.155, F.S. Typed or printed name of signee Filing Fees:
CLE V: Effective date, if other than the date of effective date is listed, the date must be specie of filing.) If the date inserted in this block does not measurement's effective date on the Department of CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a ment This document is executed I am aware that any false is constitutes a third degree: DEV MOTWANI	iffic and cannot be more than five business days prior to or your the applicable statutory filing requirements, this date will not state's records. State's records. Index or an authorized representative of a member, d in accordance with section 605 0203 (1) (b), Florida Statutes, information submitted in a document to the Department of State felony as provided for in s.817.155, F.S. Typed or printed name of signee

Page 2 of 2