

# L17000188714

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 : HUNT & GROSS, P.A.  
Account Number : I20010000038  
Phone : (561)997-9223  
Fax Number : (561)989-8998

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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

Email Address: dalenreed@chieftainproperties.com

**FLORIDA LIMITED LIABILITY CO.  
CHIEFTAIN RIVERFRONT MANAGER GP, LLC**

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

N. SAMS  
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INFORMATION SERVICES

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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: CHIEFTAIN RIVERFRONT MANAGER GP, LLC**  
\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**BETSY COURANT**  
\_\_\_\_\_  
Name of Person  
**HUNT & GROSS, P.A.**  
\_\_\_\_\_  
Firm/Company  
**185 NW SPANISH RIVER BLVD., SUITE 220**  
\_\_\_\_\_  
Address  
**BOCA RATON, FL 33431**  
\_\_\_\_\_  
City/State and Zip Code  
**dale.reed@chieftainproperties.com**  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Dale Reed** at ( **954** ) **591-6272**  
\_\_\_\_\_  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee     \$130.00 Filing Fee & Certificate of Status     \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)     \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**Mailing Address**  
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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CHIEFTAIN RIVERFRONT MANAGER GP, 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:

2434 E. Las Olas Blvd.  
Fort Lauderdale, FL 33301

2434 E. Las Olas Blvd.  
Fort Lauderdale, FL 33301

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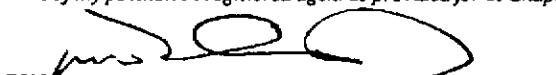
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(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:

<u>Dale Reed</u>		
Name		
<u>2434 E. Las Olas Blvd.</u>		
Florida street address (P.O. Box NOT acceptable)		
<u>Fort Lauderdale</u>	<u>FL</u>	<u>33301</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 605, F.S.

  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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**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>Dev Motwani</u>
	<u>2434 E. Las Olas Blvd</u>
	<u>Fort Lauderdale, FL 33301</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.817 155, F.S.

Dale Reed, Authorized Representative  
Typed or printed name of signee

**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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TALLAHASSEE, FLORIDA

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