

Division of Corporations

L17000189459

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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 : 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: dale.reed @ chieftainproperties.com

RECEIVED

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FLORIDA DEPARTMENT OF STATE
BUREAU OF COMMERCIAL
INFORMATION SERVICES

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

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

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17 SEP -6 AM 9:34
FLORIDA DEPARTMENT OF STATE
BUREAU OF COMMERCIAL
INFORMATION SERVICES

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CHIEFTAIN RIVERFRONT 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:

BEISY 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@chiefainproperties.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dale Reed

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CHIEFTAIN RIVERFRONT 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

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:

Date Recd

Name

2434 E. Las Olas Blvd.

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

Fort Lauderdale FL 33301

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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CLERK OF DISTRICT COURT
STATE OF FLORIDA

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

Dev Motwani

2434 E. Las Olas Blvd

Fort Lauderdale, FL 33301

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: September 6, 2017 (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 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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TALLAHASSEE, FLORIDA