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To: Page 6 of 9

12122023573 From Kimberly Laughrey

10/2/2017

Division of Corporations



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To:					
	Division of Co	porations			
	Fax Number	: (850)617-6381			
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	Account Name	: C T CORPORATION SYSTEM	$\mathbf{Z}_{\mathcal{E}_{\mathbf{A}}}$	\sim	
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FLORIDA LIMITED LIABILITY CO.

Terraces at Peridia, LLC

Certificate of Status	0
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Page Count	04
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

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PH 12:

COVER LETTER

TO:	New Filing Section
	Division of Corporations

SUBJECT:

Terraces at Peridia, 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;

.

Mario Alvarez

Name of Person

ICE MILLER LLP

Firm/Company

One American Square, Suite 2900

Address

Indianapolis, Indiana 46282

City/State and Zip Code

mario.alvarez@icemiller.com

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

For further information concerning this matter, please call:

Mario Alvarez	317	236-2378	
<u>_</u>	a: ()	
Name of Person	Area Code	Daytime Telephone Number	

Enclosed is a check for the following amount:

\$125.00 Filing Fee

S155.00 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

\$130.00 Filing Fee &

Certificate of Status

Street Address New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallabassee, FL 32301

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

Terraces at Peridia, LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

124

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

Principal Office Address:		•		•	Mailing Address:	
	•			· .		•
000 Exit 5 Parkway, Fishers, IN 46037			120	00 Exit 5 P	arkway, Fishers, IN	46037

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:

	Name` ·	
7050 Firehouse Roa	di ··· ·	· . ·
Florida street addres	is (P.O. Box NOT acc	ceptable)
Longboat Key	Florida	34228
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.,

Muhamed Becovic Βv

Registered Agent's Signature (REQUIRED)

(CONTINUED)

. . .

ARTICLE IV-

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

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager MGR	RMG Bradenton, LLC 12000 Exit 5 Parkway, Fishers, IN 46037
(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.)

<u>Note:</u> 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.

REOUIRED	SIGNATURE:
	Signature of a member or an authorized representative of a member.
	This document is expected 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.
	Joshua L. Christie, Organizer
	Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)