

Oct. 23. 2017 2:59 PM Gray Robinson No. 1074 P. 1
10/23/2017 Division of Corporations
L17000219437

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.

((H17000279051 3)))



H170002790513ABC%

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: **Carrie Ramos, FRP Paralegal PLEASE FAX CONFIRMATION TO 407 244-5690**
Account Name : GRAYROBINSON, P.A. - ORLANDO
Account Number : I20010000078
Phone : (407)843-8880
Fax Number : (407)244-5690

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

Email Address: paul@paulcaplan.co.uk

FLORIDA LIMITED LIABILITY CO.
Shoppes of Amberly LLC

| | |
|-----------------------|----------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 03 |
| Estimated Charge | \$125.00 |

RECEIVED
17 OCT 23 PM 3:48
BUREAU OF COMMERCIAL
INFORMATION SERVICES

2017 OCT 23 AM 10:04
F-11-170

[Electronic Filing Menu](#)

[Corporate Filing Menu](#)

[Help](#)

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I
Name

The name of this Limited Liability Company is:

Shoppes of Amberly LLC

ARTICLE II
Address

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

1301 Parrilla de Avila
Tampa, Florida 33613

ARTICLE III
Management

This Limited Liability Company is to be managed by one or more managers and is, therefore, "manager-managed" limited liability company.

ARTICLE IV
Initial Board of Managers

This Limited Liability Company shall have one (1) manager initially. The number of managers may be either increased or decreased from time to time in accordance with the Operating Agreement of this Limited Liability Company, but shall never be fewer than one (1).

The name and address of the initial manager of this Limited Liability Company are as follows:

Name
Paul Caplan

Street Address
1301 Parrilla de Avila
Tampa, Florida 33613

ARTICLE V
Registered Agent, Registered Office & Registered Agent's Signature

The name and the Florida street address of the Registered Agent of this Limited Liability Company is:

Stephen L. Kussner, Esq.
c/o Gray Robinson, P.A.
401 E. Jackson St., Suite 2700
Tampa, Florida 33602

Having been named as registered agent to accept service of process for this limited liability company at the place so designated in these Articles of Organization, the undersigned hereby accepts this appointment and agrees to act in this capacity. The undersigned agrees to comply with the provisions of all statutes relating to the proper and complete performance of its duties and is familiar with and accepts the obligations of the undersigned's position as registered agent, as provided for in Chapter 605, Florida Statutes.


REGISTERED AGENT'S SIGNATURE

In accordance with Section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided in Section 817.155, Florida Statutes.


AUTHORIZED REPRESENTATIVE'S SIGNATURE

Stephen L. Kussner, Esq., Authorized Representative
Type or printed name of signee