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STATE OF MISSISSIPPI  
RECORDS SECTION

NOV 27 2017

**CT CORP**

**3458 Lakeshore Drive, Tallahassee, FL 32312**

**850-656-4724**

Date: 11/27/17  
ACCT. I20160000072

*Eric SW*

Name:	Miami OG, FL (LLC)
Document #:	
Order #:	10728074

Certified Copy of Arts & Amend:	<input type="checkbox"/>	
Plain Copy:	<input type="checkbox"/>	
Certificate of Good Standing:	<input type="checkbox"/>	
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Amount: \$ 160.00

Thank you!

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COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: Miami OG, 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:

Kevin McFadden  
Name of Person  
Miami OG, LLC  
Firm/Company  
15871 City View Drive, Suite 300  
Address  
Midlothian, VA 23113  
City/State and Zip Code  
kmcfadden@rebkee.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kevin McFadden at (804) 419-0740  
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

17 NOV 27 PM 4:17  
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Miami OG, LLC

(Must contain 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:

15871 City View Drive, Suite 300  
Midlothian, VA 23113

15871 City View Drive, Suite 300  
Midlothian, VA 23113

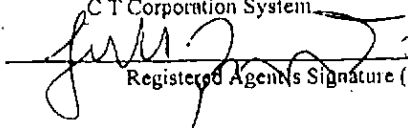
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(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:

C T Corporation System  
Name  
1200 South Pine Island Road  
Florida street address (P.O. Box **NOT** acceptable)  
Plantation, Florida 33324  
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..*

By: CT Corporation System  
  
Registered Agent's Signature (REQUIRED) Jill Zugmunt,  
Assistant Secretary

(CONTINUED)

17 NOV 27 PM 4:17  
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**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:**

Kevin McFadden  
15871 City View Drive, Suite 300  
Midlothian, VA 23113

AMBR

Daniel L. Hargett  
15871 City View Drive, Suite 300  
Midlothian, VA 23113

AMBR

Robert W. Hargett  
15871 City View Drive, Suite 300  
Midlothian, VA 23113

AMBR

Kevin McFadden  
15871 City View Drive, Suite 300  
Midlothian, VA 23113

(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:**

*Kevin McFadden*

\_\_\_\_\_  
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.

Kevin McFadden

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)

17 NOV 27 PM 4:17  
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