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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

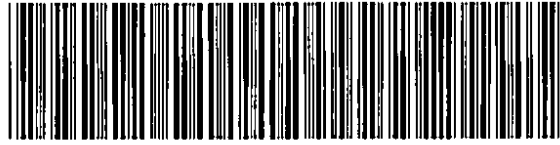
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA



DEC 27 2017

T SCHROEDER

## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

ALV 334 ST. PETE MEMBER, LLC

Signature \_\_\_\_\_

Requested by: Seth

Name \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Walk-In \_\_\_\_\_ Will Pick Up \_\_\_\_\_

\_\_\_\_\_ Art of Inc. File \_\_\_\_\_  
\_\_\_\_\_ LTD Partnership File \_\_\_\_\_  
\_\_\_\_\_ Foreign Corp. File \_\_\_\_\_  
\_\_\_\_\_ L.C. File \_\_\_\_\_  
\_\_\_\_\_ Fictitious Name File \_\_\_\_\_  
\_\_\_\_\_ Trade/Service Mark \_\_\_\_\_  
\_\_\_\_\_ Merger File \_\_\_\_\_  
\_\_\_\_\_ Art. of Amend. File \_\_\_\_\_  
\_\_\_\_\_ RA Resignation \_\_\_\_\_  
\_\_\_\_\_ Dissolution / Withdrawal \_\_\_\_\_  
\_\_\_\_\_ Annual Report / Reinstatement \_\_\_\_\_  
\_\_\_\_\_ Cert. Copy \_\_\_\_\_  
\_\_\_\_\_ Photo Copy \_\_\_\_\_  
\_\_\_\_\_ Certificate of Good Standing \_\_\_\_\_  
\_\_\_\_\_ Certificate of Status \_\_\_\_\_  
\_\_\_\_\_ Certificate of Fictitious Name \_\_\_\_\_  
\_\_\_\_\_ Corp Record Search \_\_\_\_\_  
\_\_\_\_\_ Officer Search \_\_\_\_\_  
\_\_\_\_\_ Fictitious Search \_\_\_\_\_  
\_\_\_\_\_ Fictitious Owner Search \_\_\_\_\_  
\_\_\_\_\_ Vehicle Search \_\_\_\_\_  
\_\_\_\_\_ Driving Record \_\_\_\_\_  
\_\_\_\_\_ UCC 1 or 3 File \_\_\_\_\_  
\_\_\_\_\_ UCC 11 Search \_\_\_\_\_  
\_\_\_\_\_ UCC 11 Retrieval \_\_\_\_\_  
\_\_\_\_\_ Courier \_\_\_\_\_

**ARTICLES OF ORGANIZATION**  
**FOR**  
**ALV 334 ST. PETE MEMBER, LLC**

The undersigned, for the purpose of forming a company under the Florida Limited Liability Act, hereby adopts the following Articles of Organization.

**ARTICLE I: NAME**

The name of the company is ALV 334 ST. PETE MEMBER, LLC

**ARTICLE II: PRINCIPAL OFFICE**

The principal address of the company is: 800 BRICKELL AVENUE, PH1, MIAMI, FL 33131

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## **ARTICLE III: INITIAL REGISTERED AGENT AND ADDRESS**

The name and address of the initial registered agent is **Angelo & Banta, P.A., 515 East Las Olas Blvd., Suite 850, Ft. Lauderdale, Florida 33301**

## **ARTICLE IV: MANAGER MANAGED LLC**

This LLC shall be Manager Managed and is not member managed.

## **ARTICLE V: MANAGER**

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

**GRANVIL TRACY, MANAGER  
800 BRICKELL AVENUE, PH1, MIAMI, FL 33131**

The undersigned has executed these Articles of Organization for filing purposes this **27th day of December, 2017.**

\_\_\_\_\_/s/ GRANVIL TRACY\_\_\_\_\_

**GRANVIL TRACY Authorized Representative**

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**CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE**

1. The name of the company is: ALV 334 ST. PETE MEMBER, LLC, a Florida limited liabi

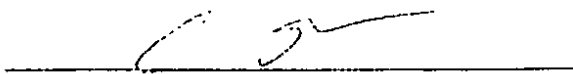
2. The name and address of the registered agent and office is:

ANGELO & BANTA, P.A.

515 EAST LAS OLAS BLVD., SUITE 850

FORT LAUDERDALE FL 33301

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.



GAVIN S. BANTA, AUTHORIZED REPRESENTATIVE

Signature of Registered Agent

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