

L18 00001768

Division of Corporations
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 Electronic Filing Cover Sheet

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To: Division of Corporations
 Fax Number : (850)617-6381

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 Account Number : 072450003255
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 18 JAN -3 AM 10:12
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

**FLORIDA LIMITED LIABILITY CO.
 HYDE MIDTOWN 1512 LLC.**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

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N CULLIGAN

JAN 4 2018



January 2, 2018

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CORP USA

SUBJECT: HYDE MIDTOWN 1512 LLC
REF: W18000000011

We have received your document for HYDE MIDTOWN 1512 LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Keyna E Page
Regulatory Specialist II

FAX Aud. #: E17000341337
Letter Number: 618A00000001

P.O BOX 6327 - Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

HYDE MIDTOWN 1512 LLC., a Florida limited liability company

(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:

55 MERRICK WAY, SUITE 202-A
CORAL GABLES, FL 33134

Mailing Address:

55 MERRICK WAY, SUITE 202-A
CORAL GABLES, FL 33134

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:

CARMEN DE JONGH

Name

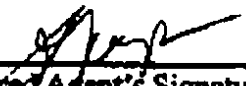
55 MERRICK WAY, SUITE 202-A

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

<u>CORAL GABLES</u>	<u>FLORIDA</u>	<u>33134</u>
City	State	Zip

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TALLAHASSEE FLORIDA

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.

X

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

"MGR" = Manager

AMBR

Name and Address:

MARIANA BECKHAM

55 MERRICK WAY SUITE 202-A

CORAL GABLES FL 33134

(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:

SIGN → X

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 §17.155, F.S.

MARIANA BECKHAM

Type or printed name of signer

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