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COVER LETTER

	New Filing Section Division of Corporations		
CI:DIC/	ST LUCIE INLET LTF, LLC		
SUBJEC	SUBJECT: Name of Limited Liability Company		
The encl	osed Articles of Organization and fee(s) are	e submitted for filing.	
Please re	eturn all correspondence concerning this ma	tter to the following:	
	Sandra Z. Green, Esq.		
		Name of Person	
	JONATHAN H. GREEN & ASSOCIA	TES, P.A.	
		Firm/Company	
	800 Brickell Avenue Suite 1400		
		Address	
	Miami, Florida 33131		
	C szg@jhgław.com	ity/State and Zip Code	
		for future annual report notification)	
For further	r information concerning this matter, please	call:	
	Sandra Z. Green, Esq. 30		
	at (at (at (at (at (at (at (at (at (_at (rea Code Daytime Telephone Number	
Enclosed	l is a check for the following amount:		
	Filing Fee S130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed) 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 Cliffon Building 2661 Executive Center Circle	

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

ST LUCIE INLET LTF, 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:

FN	100	
Princi	nal Office	Address:

<u>Mailing</u>	Ado	lress:
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8950 SW 74th Court	8950 SW 74th Court	
# 1214	# 1214	
Miami, Florida 33156	Miami, Florida 33156	

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:

JONATHAN H. GREEN & ASSOCIATES, P.A.

Name

800 Brickell Avenue Suite 1400

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

Miami		Florida	33131
	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 am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605. Experimental accept the obligations of my position as registered agent as provided for in Chapter 605.

egistered Agent's Signature (REQUIRED)

(CONTINUED)

	Title:	Name and Address:
	"AMBR" = Authorized Me	
	"MGR" = Manager	Linds Tastas Cistadosais
	MGR	Linda Taylor Finkelstein 8950 SW 74th Court #1214
		Miami, Florida 33156
	MBR (100%)	The Entrust Group, Inc. FBO Linda Taylor Finkelstein IRA #60-010:
		555 12th Street, Suite 1250
		Oakland, California 94607
	 	
	(Use attachment if necessa	
ICI	LEV: Effective date, if other	date of filing:
ı ef	fective date is listed, the da	e specific and cannot be more than five business days prior to or 90 days after
	of filing.)	
	f the date inserted in this bli iment's effective date on the	not meet the applicable statutory filing requirements, this date will not be listed as
ILICI	intelles effective date on an	icht of State S records.
ICI	LE VI: Other provisions, if a	

Signature of a member of 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.

SANDRA Z. GREEn, ESQ

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)

18 MAY 17 PK 4: 12