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Florida Department of State  
Division of Corporations  
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**To:**

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

**From:**

Account Name : CAPITOL SERVICES, INC.  
Account Number : 120160000017  
Phone : (855) 498-5500  
Fax Number : (800) 432-3622

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

**Email Address:** \_\_\_\_\_

**FLORIDA LIMITED LIABILITY CO.  
SANDALWOOD 7160 LLC**

Certificate of Status	0
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OPERATIONS  
COMMERCIAL  
CORPORATION SERVICES

6/28/18  
R. Simmons

**ARTICLES OF ORGANIZATION  
OF  
SANDALWOOD 7160 LLC**

**ARTICLE I: - Name**

The name of the Limited Liability Company is:

**SANDALWOOD 7160 LLC**

**ARTICLE II: - Address**

The mailing address and street address of the principal office of the Limited Liability Company are:

**1205 Lincoln Road  
Suite 211  
Miami, Florida 33139**

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

The name and the Florida street address of the registered agent are:

**Capitol Corporate Services, Inc.  
515 East Park Avenue, Floor 2  
Tallahassee, Florida 32301**

*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.*

Capitol Corporate Services, Inc., Registered Agent

By: Kim Tadlock  
Name: Kim Tadlock  
Title: Asst Sect on behalf of Capitol Corporate Services, Inc.

**IN WITNESS WHEREOF**, the undersigned has executed these Articles of Organization on June 27, 2018.

  
\_\_\_\_\_  
Adam Zwecker, Authorized Signer

(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 for in Section 817.155, Florida Statutes.)

Adam Zwecker  
\_\_\_\_\_  
Typed or printed name of signee