

LI9 00000130

Florida Department of State  
Division of Corporations  
Electronic Filing System

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H18000365421 3)))



H18C003654213ABC/

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From: Account Name : GREENSPOON MARDER, P.A.  
Account Number : 076064003722  
Phone : (888) 491-1120  
Fax Number : (954) 333-4242

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

Email Address: haas.hatic@gmlaw.com

18 DEC 28 AM 8:24  
FILED  
SECRETARY OF STATE  
TAMM HALL  
TALLAHASSEE, FLORIDA

FLORIDA LIMITED LIABILITY CO.  
Clarksville AMD T, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

2018 DEC 28 AM 9:19

**ARTICLES OF ORGANIZATION  
OF  
CLARKSVILLE AMD T, LLC**

FILED  
18 DEC 28 AM 8:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I - Name:**

The name of the Limited Liability Company is Clarksville AMD T, LLC.

**ARTICLE II - Duration:**

The period of duration for the Limited Liability Company shall begin and be effective on January 2, 2019, and shall exist perpetually, unless sooner dissolved in accordance with the Operating Agreement of the Limited Liability Company or Florida law.

**ARTICLE III - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is 16600 N.W. 57<sup>th</sup> Avenue, Miami Lakes, Florida 33014.

**ARTICLE IV - Registered Agent:**

The name and address of the initial registered agent for this Limited Liability Company is Greenspoon Marder LLP, 200 East Broward Blvd., Suite 1800, Fort Lauderdale, Florida 33301.

**ARTICLE V - Management:**


The Limited Liability Company is to be managed by two (2) managers and the name and address of the initial managers who are to serve as managers are:

Faisal Ahmed  
16600 N.W. 57<sup>th</sup> Avenue  
Miami Lakes, Florida 33014

Ali Ahmed  
16600 N.W. 57<sup>th</sup> Avenue  
Miami Lakes, Florida 33014

The managers of this Limited Liability Company: (i) may be replaced by the members, and (ii) shall be elected by the members, as provided for in the Operating Agreement of this Limited Liability Company.

Whereof, the undersigned has executed these Articles the 27 day of December, 2018.

  
\_\_\_\_\_  
Haas Hatic, Esq.  
Authorized Representative of Member

FILED  
18 DEC 28 AM 9:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

PURSUANT TO THE PROVISIONS OF SECTION 605.0113, FLORIDA STATUTES,  
THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING  
STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE  
STATE OF FLORIDA.

13. The name of the Limited Liability Company is:

Clarksville AMD T, LLC

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

Greenspoon Marder LLP (the "Firm")  
200 East Broward Blvd., Suite 1800  
Fort Lauderdale, Florida 33301

18 DEC 28 AM 9:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

By: Haas Hatic  
Haas Hatic, For the Firm

*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, the Firm hereby accepts the appointment as registered agent and agrees to act in this capacity. The Firm further agrees to comply with the provisions of all statutes relating to the proper and complete performance of its duties, and the Firm is familiar with and accepts the obligations of its position as registered agent.*

Haas Hatic  
Haas Hatic, For the Firm (Signature)

**December 27, 2018**  
(Date)