## 49000036260

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



200323774812

2019 JAN 31 AM II: 34 SECRETARY DE STATE

FILED

RECEIVED
19 JAN 31 PM 4: 29

FEB 01 2019

X Bromuev

Tallhassee, FL 32301 Phone: 850-558-1500 ACCOUNT NO. : I2000000195 REFERENCE: 609489 4300400 AUTHORIZATION : C COST LIMIT : ORDER DATE : January 31, 2019 ORDER TIME : 2:50 PM ORDER NO. : 609489-005 CUSTOMER NO: 4300400 DOMESTIC FILING NAME: 507 CASEY KEY ROAD LLC EFFECTIVE DATE: \_ ARTICLES OF INCORPORATION \_\_\_ CERTIFICATE OF LIMITED PARTNERSHIP XX ARTICLES OF ORGANIZATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

EXAMINER'S INITIALS:

CORPORATION SERVICE COMPANY

1201 Hays Street

XX \_\_ CERTIFIED COPY

\_\_ PLAIN STAMPED COPY

\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner - EXT.

## COVER LETTER

	New Filing Section Division of Corporations	
SUBJECT	507 CASEY KEY ROAD LLC	
Subsect		Liability Company
The enclos	sed Articles of Organization and fee(s) are sub	omitted for filing.
Please retu	urn all correspondence concerning this matter	to the following:
	Catherine A. Borneo, Esq	
	Ż	ame of Person
	Cleary Gottlieb Steen & Hamilton LLP	
	E	irm/Company
	One Liberty Plaza	
		Address
	New York, NY 10006	
	City/S CBorneo@cgsh.com	State and Zip Code
		future annual report notification)
For further	information concerning this matter, please cal	1:
	Catherine A. Borneo 212	225-2292
	Name of Person Area	Code Daytime Telephone Number
Enclosed i	is a check for the following amount:	
]\$125.00 F		\$155.00 Filing Fee & S160.00 Filing Fee, Certified Copy dditional 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  Clifton Building  2661 Executive Center Circle  Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
507 Casey Key Road 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	ne Limited Liability Company is:
Principal Office Address:	Mailing Address:
Lyon Polk , Polk Wealth Management Group  Morgan Stanley Private Wealth Mmgt	Lyon Polk , Polk Wealth Management Gi Morgan Stanley Private Wealth Mmgt

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:

1585 Broadway, 22nd Fl, NY, NY 10036

Corporation Service	e Company	
	Name	
1201 Hays Street		
Florida street addres	ss (P.O. Box <u>NOT</u> ac	cceptable)
Tallahassee	FL	32301
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 l am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

> Corporation Service Company Registered Agent's Signature (REQUIRED)

Roxanne Turner Asst. Vice President

1585 Broadway, 22nd Fl. NY, NY 10036

(CONTINUED)

<u>l'itle:</u>	Name and Address:
AMBR" = Authorized Member	
MGR" = Manager	Dishard Mahl. Attack your Dalle
MGR	Richard Wahl Attn: Lyon Polk
	c/o Morgan Stanley Private Wealth Managment 1585 Broadway 22nd Fl, NY, NY 10036
	1303 Bloadway 2211d 11, 141, 141 10030
AMBR	Maria Wahl Attn: Lyon Polk
	c/o Morgan Stanley Private Wealth Managment
	1585 Broadway 22nd Fl, NY, NY 10036
***	
Use attachment if necessary)	ļ
EV: Effective date, if other than the date ctive date is listed, the date must be spe filling.)	of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or 90
EV: Effective date, if other than the date ctive date is listed, the date must be spe f filing.) the date inserted in this block does not ment's effective date on the Department of	ecific and cannot be more than five business days prior to or 90 neet the applicable statutory filing requirements, this date will not
ctive date is listed, the date must be spe f filing.)	ecific and cannot be more than five business days prior to or 90 neet the applicable statutory filing requirements, this date will not
EV: Effective date, if other than the date ctive date is listed, the date must be spe filling.) the date inserted in this block does not ment's effective date on the Department of	ecific and cannot be more than five business days prior to or 90 neet the applicable statutory filing requirements, this date will not
EV: Effective date, if other than the date ctive date is listed, the date must be spe f filing.) the date inserted in this block does not ment's effective date on the Department of EVI: Other provisions, if any.	ecific and cannot be more than five business days prior to or 90 neet the applicable statutory filing requirements, this date will not
EV: Effective date, if other than the date entire date is listed, the date must be specifiling.) he date inserted in this block does not ment's effective date on the Department of EVI: Other provisions, if any.	ecific and cannot be more than five business days prior to or 90 neet the applicable statutory filing requirements, this date will not
EV: Effective date, if other than the date entire date is listed, the date must be specifiling.) he date inserted in this block does not ment's effective date on the Department of EVI: Other provisions, if any.  REQUIRED SIGNATURE:	neet the applicable statutory filing requirements, this date will not of State's records.  A Bocaca
E.V: Effective date, if other than the date entire date is listed, the date must be specifiling.) the date inserted in this block does not ment's effective date on the Department of E.VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a me This document is execut	neet the applicable statutory filing requirements, this date will not of State's records.  A Bolument Amber or an authorized representative of a member. Red in accordance with section 605.0203 (1) (b), Florida Statutes.
EV: Effective date, if other than the date entire date is listed, the date must be specifiling.) he date inserted in this block does not ment's effective date on the Department of EVI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a me This document is execut I am aware that any false	neet the applicable statutory filing requirements, this date will not of State's records.  A Bocaca
EV: Effective date, if other than the date entire date is listed, the date must be specifiling.) he date inserted in this block does not ment's effective date on the Department of EVI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a me This document is execut I am aware that any false	ecific and cannot be more than five business days prior to or 90 neet the applicable statutory filing requirements, this date will not of State's records.  Imper or an authorized representative of a member.  Ited in accordance with section 605.0203 (1) (b), Florida Statutes. Information submitted in a document to the Department of State of felony as provided for in s.817.155, F.S.
EV: Effective date, if other than the date ctive date is listed, the date must be specifiling.) the date inserted in this block does not ment's effective date on the Department of EVI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a me This document is execut I am aware that any false constitutes a third degree	mber or an authorized representative of a member.  led in accordance with section 605.0203 (1) (b), Florida Statutes.  led in accordance with section 605.0203 (1) (b), Florida Statutes.  led in provided for in s.817.155, F.S.
EV: Effective date, if other than the date entire date is listed, the date must be specifiling.) he date inserted in this block does not ment's effective date on the Department of EVI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a me This document is execut I am aware that any false constitutes a third degree	ecific and cannot be more than five business days prior to or 90 neet the applicable statutory filing requirements, this date will not of State's records.  Imper or an authorized representative of a member.  Ited in accordance with section 605.0203 (1) (b), Florida Statutes. Information submitted in a document to the Department of State of felony as provided for in s.817.155, F.S.