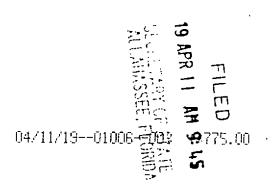
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(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		

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SUNSHINE CORPORATE FILING OF FLORIDA INC.

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 4/11/2019	9	
ENTITY NAME	ST. GEORGE APARTMENTS MANAGERS LLC	**WALK IN*
LINITI WAPIL_		
DOCUMENT NU	JMBER	
	PLEASE FILE THE ATTACHED AND RETURN	
xxxxx	Plain Copy	
	Certified Copy	
	Certificate of Status	
	PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY Certified Copy of Arts & Amendments Certificate of Good Standing	•
	APOSTILLE' / NOTARIAL CERTIFICATION	<u></u>
COUNTRY OF DE NUMBER OF CEK	ESTINATION	
TOTAL OWED_	125.00 CHECK # 5993	
Please call Tin	na at the above number for any issues or concerns. Thank y	ou so much!

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
he name of the Emited Liability Company is:	
ST. GEORGE APARTMENTS MANAGERS, LL	.C
(Must contain the words "Limited Liabil	lity Company, "L.L.C.," or "LLC.")
RTICLE II - Address:	
ne mailing address and street address of the principal office	of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
335 NE 59 Terrace	335 NE 59 Terrace
Miami, Florida 33137	Miami, Florida 33137
RTICLE III - Registered Agent, Registered Office, & Re the Limited Liability Company cannot serve as its own Regist other business entity with an active Florida registration.) the name and the Florida street address of the registered agen	stered Agent. You must designate an individual or
Thomas G. Sherman, P.A.	
Nan	ne
90 Almeria Avenue	
Florida street address (P.O	. Box NOT acceptable)

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..

Coral Gables

City

Registered Agent's Signature (REQUIRED)

Zip

(CONTINUED)

(PR II AH 9:

FILED

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR	Thomas Feigus Trust LLC
	335 NE 59 Terrace
	Miami, Florida 33137
	
	
(Use attachment if necessary)	
RTICLE V: Effective date if other than the date of	filing: April 10, 2019 (OPTIONAL)
If an effective date is listed, the date must be speci ne date of filing.)	fic and cannot be more than five business days prior to or 90 days after
ic date of ming.)	et the applicable statutory filing requirements, this date will not be listed as
	State's records.
Note: If the date inserted in this block does not mee	State's records.
Note: If the date inserted in this block does not med the document's effective date on the Department of RTICLE VI: Other provisions, if any.	State's records.

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 s.817.155, F.S.

Thomas Sherman, Authorized Representative of the Member(s) 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)

REQUIRED SIGNATURE:

ARTICLE IV-

as