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(Business Entity Name)

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TALLAHASSEE, FLORIDA

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**Incorporating Services, Ltd.**

1540 Glenway Drive

Tallahassee, FL 32301

850.656.7956

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850-245-6051

**FROM** Melissa Stops  
[mstops@incserv.com](mailto:mstops@incserv.com)  
850.656.7953

**REQUEST DATE** 6/27/2019

**PRIORITY** Expedite

**OUR REF.# (Order ID#)** 753746

**ORDER ENTITY**  
FSADECV FL C3 LLC

**PLEASE PERFORM THE FOLLOWING SERVICES:**

FSADECV FL C3 LLC (FL)

New LLC filing

**NOTES:**

\$125.00 Authorized

Email address for annual report reminders: [radiv@incserv.com](mailto:radiv@incserv.com)

19 JUN 21 PM 5:01  
FSADECV FL C3 LLC  
FL

**RETURN/FORWARDING INSTRUCTIONS:**

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,



Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

FSADECV FL C3 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:

**Principal Office Address:**

c/o Krupnick Campbell Malone  
12 S.E. 7th Street, Suite 801  
Ft. Lauderdale, FL 33301

**Mailing Address:**

c/o Krupnick Campbell Malone  
12 S.E. 7th Street, Suite 801  
Ft. Lauderdale, FL 33301

**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:

Incorporating Services, Ltd.

Name

1540 Glenway Drive

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

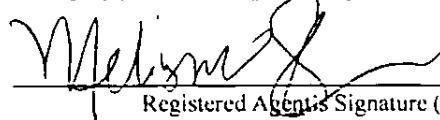
Tallahassee, FL 32301

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 I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..*



Registered Agent's Signature (REQUIRED)

**(CONTINUED)**

19 JUN 28 PM 5:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED  
JUN 28 2012

#### ARTICLE IV.

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

**"AMBR" = Authorized Member**

**Name and Address:**

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(Use attachment if necessary)

**ARTICLE V: Effective date, if other than the date of filing:** \_\_\_\_\_ (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

## **ARTICLE VI: Other provisions, if any.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED SIGNATURE:**

Kim Lee

**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.

Linda M. Leali

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)**