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.

(((H19000207657 3)))



H190002076573ABC4

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 : LEGALINC CORPORATE SERVICES INC.

Account Number : I20180000011 Phone : (844)386-0178 Fax Number : (214)317-4754

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. UF CONDO, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

Electronic Filing Menu Corporate Filing Menu

Help

D O'KEEFE

To: 18506176381 From: 14694451465 Date: 07/08/19 Time: 11:16 AM Page: 02/03

(((H19000207657 3)))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

į.

	UF CONDO. I	TC	
(Must con	tain the words "Limited Liab		.L.C.," or "LEC.")
TICLE II - Address:			
mailing address and street	address of the principal office	of the Limited Li	ability Company is:
Princi	pal Office Address:		Mailing Address:
110 E. BROWARD	BLVD , SUITE 1700	SAME	· · · · · · · · · · · · · · · · · · ·
e Limited Liability Compan			i Signature: i must designate an individual o
: Limited Liability Compan her business entity with an	y cannot serve as its own Reg active Florida registration.)	istered Agent. You	
e Limited Liability Compani her business entity with an	y cannot serve as its own Reg	istered Agent. You	
: Limited Liability Compan her business entity with an	y cannot serve as its own Reg active Florida registration.) address of the registered age DARRE	nt are: N B).UM	
: Limited Liability Compan her business entity with an	y cannot serve as its own Reg active Florida registration.) address of the registered age DARRE	istered Agent, You nt are:	
: Limited Liability Compan her business entity with an	y cannot serve as its own Reg active Florida registration.) address of the registered age DARRE	nt are: N B).UM mc	u must designate an individual o
e Limited Liability Compani her business entity with an	y cannot serve as its own Reg active Florida registration.) address of the registered age DARRE	nt are: N B).UM mc	u must designate an individual o
e Limited Liability Compan ther business entity with an	y cannot serve as its own Reg active Florida registration.) address of the registered age DARRE Na 110 H. BROWARD BI	nt are: N B).UM mc	u must designate an individual o

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 signites relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my postition as registered agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

To: 18506176381 From: 14694451465 Date: 07/08/19 Time: 11:16 AM Page: 03/03

(((H19000207657 3)))

Titie:		Name and Address:	
	uthorized Memher		
- "MGR" ≒ Mar - AMBR	rager .	DARREN BLUM	
		110 E. BROWARD BLVD., SUITE 1700	
		FORT LAUDERDALE, FL. 33301	
			
			 •
	•		
(Use attachmen	at if necessary)		
		of filing: JULY 3, 2019 (OPTIONA	
	date on the Department of	ocet the applicable statutory filling requirements, this date of State's records.	: will not be listed
f the dute inserte ment's effective	date on the Department of		s will not be listed
the date inserted ment's effective of the VI: Other pro	date on the Department of visions, if any.		s will not be listed
the dute inserte ment's effective	date on the Department of visions, if any.	of Stare's records.	s will not be listed
the date inserted ment's effective of the VI: Other pro	date on the Department of visions, if any. IGNATURE:	of Stare's records.	s will not be listed
the date insertement's effective E VI: Other pro	visions, if any. MGNATURE: Signature of a mer This document is execute I am aware that any false	of Stare's records.	Statutos.
The data inserterment's effective MEVI: Other pro	visions, if any. MGNATURE: Signature of a mer This document is execute I am aware that any false	mber or an nuthorized representative of a member, ed in accordance with section 605.0203 (1) (b), Florida S information submitted in a document to the Department of felony as provided for in x.817.155, P.S. DARREN BLUM	Statutos.
The data inserterment's effective MEVI: Other pro	visions, if any. MGNATURE: Signature of a mer This document is execute I am aware that any false	mber or an nullibrized representative of a member. end in accordance with section 605.0203 (1) (b), Florida S information submitted in a document to the Department of felony as provided for in \$.817.155, P.S.	Statutos.
the data insertement's effective E VI: Other pro	visions, if any. MGNATURE: Signature of a mer This document is execute I am aware that any false	mber or an nuthorized representative of a member, ed in accordance with section 605.0203 (1) (b), Florida S information submitted in a document to the Department of folony as provided for in x.817.155, P.S. DARREN BLUM Typed or printed name of signee	Statutos.
the data insertement's effective E VI: Other pro	date on the Department of visions, if any. HGNATURE: Signature of a mer This document is execute I am aware that any false constitutes a third degree	mber or aff nutherized representative of a member, ed in accordance with section 605.0203 (1) (b), Florida S information submitted in a document to the Department of felony as provided for in s.817.155, P.S. DARREN BLUM Typed or printed name of signee Filing Fees:	Statutes, of State
The data inserted ment's effective ment's effetive me	date on the Department of Visions, if any. IGNATURE: Signature of a mer. This document is execute I am aware that any false constitutes a third degree.	mber or an nuthorized representative of a member, ed in accordance with section 605.0203 (1) (b), Florida S information submitted in a document to the Department of folony as provided for in x.817.155, P.S. DARREN BLUM Typed or printed name of signee	Statutes, of State
The data insertement's effective EVI: Other pro REQUIRED S \$125.00 Filling \$ 30.00 Certifications	date on the Department of visions, if any. HGNATURE: Signature of a mer This document is execute I am aware that any false constitutes a third degree	mber or an nulliorized representative of a member, ed in accordance with section 605.0203 (1) (b), Florida S information submitted in a document to the Department of felony as provided for in s.817.155, P.S. DARREN BLUM Typed or printed name of signee Filing Fees: unization and Designation of Registered Agent	Statutes. of Stute
The data inserted ment's effective ment's effetive me	date on the Department of Visions, if any. IGNATURE: Signature of a mer This document is execute I am aware that any false constitutes a third degree of Copy (Optional)	mber or an nulliorized representative of a member, ed in accordance with section 605.0203 (1) (b), Florida S information submitted in a document to the Department of felony as provided for in s.817.155, P.S. DARREN BLUM Typed or printed name of signee Filing Fees: unization and Designation of Registered Agent	Statutes. of Stute
The data inserted ment's effective ment's effetive me	date on the Department of Visions, if any. IGNATURE: Signature of a mer This document is execute I am aware that any false constitutes a third degree of Copy (Optional)	mber or an nulliorized representative of a member, ed in accordance with section 605.0203 (1) (b), Florida S information submitted in a document to the Department of felony as provided for in s.817.155, P.S. DARREN BLUM Typed or printed name of signee Filing Fees: unization and Designation of Registered Agent	Statutes. of Stute
The data inserted ment's effective ment's effetive me	date on the Department of Visions, if any. IGNATURE: Signature of a mer This document is execute I am aware that any false constitutes a third degree of Copy (Optional)	mber or an nulliorized representative of a member, ed in accordance with section 605.0203 (1) (b), Florida S information submitted in a document to the Department of felony as provided for in s.817.155, P.S. DARREN BLUM Typed or printed name of signee Filing Fees: unization and Designation of Registered Agent	Statutes. of Stute
The data inserted ment's effective ment's effetive me	date on the Department of Visions, if any. IGNATURE: Signature of a mer This document is execute I am aware that any false constitutes a third degree of Copy (Optional)	mber or an nulliorized representative of a member, ed in accordance with section 605.0203 (1) (b), Florida S information submitted in a document to the Department of felony as provided for in s.817.155, P.S. DARREN BLUM Typed or printed name of signee Filing Fees: unization and Designation of Registered Agent	Statutes. of Stute
Fthe date inserted ment's effective ment's effetive ment's effective ment's effective ment's effective ment's effetive ment's ef	date on the Department of Visions, if any. IGNATURE: Signature of a mer This document is execute I am aware that any false constitutes a third degree of Copy (Optional)	mber or an nulliorized representative of a member, ed in accordance with section 605.0203 (1) (b), Florida S information submitted in a document to the Department of felony as provided for in s.817.155, P.S. DARREN BLUM Typed or printed name of signee Filing Fees: unization and Designation of Registered Agent	Statutes. of Stute