

L191000177762

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

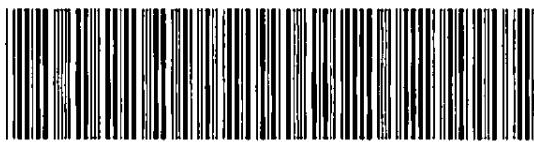
PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

**Special Instructions to Filing Officer:**



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Office Use Only

R. KEMPLE

JUL 22 2019

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 852380 8180364

AUTHORIZATION : 

COST LIMIT : \$ 125.00

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ORDER DATE : July 19, 2019

ORDER TIME : 1:22 PM

ORDER NO. : 852380-005

CUSTOMER NO: 8180364

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DOMESTIC FILING

NAME: KAMCO FLH PARTNERS 15, LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION  
 CERTIFICATE OF LIMITED PARTNERSHIP  
 ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY  
 PLAIN STAMPED COPY  
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner - EXT.

2019 JUL 18 PM 2:02

EXAMINER'S INITIALS: \_\_\_\_\_

**COVER LETTER**

**TO:** **New Filing Section**  
**Division of Corporations**

**Kamco FLH Partners 15, LLC**  
**SUBJECT:** \_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Matthew J Yetman

---

Name of Person

---

Firm/Company

801 Thompson Ave

---

Address

Rockville, MD 20852

---

City/State and Zip Code

wanda@ibx-ilc.com

---

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Matthew J Yetman	240	216-1199
Name of Person	at (	)
	Area Code	Daytime Telephone Number

Enclosed is a check for the following amount:

\$125.00 Filing Fee     \$130.00 Filing Fee & Certificate of Status     \$155.00 Filing Fee & Certified Copy  
(additional copy is enclosed)     \$160.00 Filing Fee, Certificate of Status & 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:

Kamco FLH Partners 15, 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:**

5907 Sunnyslope Drive

Naples, FL

**Mailing Address:**

801 Thompson Ave,

Suite 400

Rockville, MD 20852

**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:

Corporation Service Company

Name

1201 Hays Street

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.*

Corporation Service Company

By Roxanne Turner

Registered Agent's Signature (REQUIRED)

Roxanne Turner  
Asst. Vice President

(CONTINUED)

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FLORIDA  
CORPORATION  
COMMISSION  
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FBI - TAMPA  
FBI - TAMPA

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## ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

**Name and Address:**

Kamal S. Ghaffarian  
801 Thompson Ave, Suite 400  
Rockville, MD 20852

MGR

Matthew J Yetman  
801 Thompson Ave, Suite 400  
Rockville, MD 20852

(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:**

Matthew A. Daffner

Signature of a member or an authorized representative of a member.

**Signature of an agent 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.

Matthew J. Yetman

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)**

**S 5.00 Certified Copy (Optional)**

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THE  
UNITED  
STATES  
OF  
AMERICA

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