

L14000215888

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

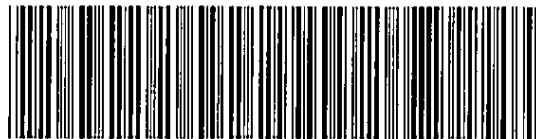
(Business Entity Name)

(Document Number)

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

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19 AUG 30 PM 4:39

2019 AUG 30 AM 10:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

SEP - 3 2019

K Brumbley



## Filing Cover Sheet

To: Florida Division of Corporations

From: Kim Tadlock c/o Capitol Services, Inc.

Date: 8/30/2019

Trans#: 1073589

Entity Name: ARBOR PLACE GP LLC

Articles Incorporation ( )

Articles of Dissolution ( )

Conversion ( )

Foreign Qualification ( )

Limited Partnership ( )

Reinstatement ( )

Other ( )

Articles of Amendment ( )

Annual Report ( )

Fictitious Name ( )

Limited Liability (XX)

Merger ( )

Withdrawal / Cancellation ( )

STATE FEES PREPAID WITH CHECK#1600 FOR \$160.00

### PLEASE RETURN:

Certified Copy (XX) Plain Photocopy ( )

Good Standing (XX) Certificate of Fact ( )

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: Arbor Place GP LLC  
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:

Noam Avraham

Name of Person

Arbor Place GP LLC

Firm/Company

2700 W. Cypress Creek Road, Suite #D128

Address

Fort Lauderdale, FL 33309

City/State and Zip Code

noam@roi-cap.com

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

For further information concerning this matter, please call:

Jeff Shear

813

387-0300

at ( )

Name of Person

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:

Arbor Place GP 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:**

2700 W. Cypress Street Road, #D128  
Fort Lauderdale, FL 33309

**Mailing Address:**

P.O. Box 4175  
Fort Lauderdale, FL 33338

**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:

Shay Atiya

Name

2700 W. Cypress Street Road, Suite #D128

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

Fort Lauderdale FL 33309

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)

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TALLAHASSEE, FLORIDA

**ARTICLE IV-**

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

**Title:**

"AMBR" - Authorized Member

"MGR" = Manager

AMBR

**Name and Address:**

Noam Avrahami

2700 W. Cypress Creek Road, Suite #D128

Fort Lauderdale, FL 33309

AMBR

Shay Atiya

2700 W. Cypress Creek Road, Suite #D128

Fort Lauderdale, FL 33309

AMBR

Shay Milech

2700 W. Cypress Creek Road, Suite #D128

Fort Lauderdale, FL 33309

(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:**



**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.

Shay Atiya

Typed or printed name of signer

**Filing Fees:**

**\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent**