

**L1900032075035**

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850)617-6381

From: Account Name : HTG UNITED, LLC  
Account Number : I20190000094  
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Fax Number : (305)639-8427

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Email Address: glendab@htgf.com

**FLORIDA LIMITED LIABILITY CO.  
UNIVERSITY STATION II, LLC**

Certificate of Status	0
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Page Count	04
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Corporate Filing Menu

Help



October 31, 2019

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

HTG UNITED, LLC

SUBJECT: UNIVERSITY STATION II, LLC  
REF: W19000096236

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

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A19000000438

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Nadira D McClees-Sams  
Regulatory Specialist II  
New Filing Section

FAX And. #: H19000320750  
Letter Number: 019A00022472

October 31, 2019

**VIA FAX**

Department of State  
Division of Corporations  
Corporate Filings  
P.O. Box 6327  
Tallahassee, FL 32314  
Attention: Nadira D. McClees-Sams  
Regulatory Specialist II

RE: CONSENT LETTER FROM UNIVERSITY STATION II, LTD for UNIVERSITY STATION II, LLC  
(same principals)

REF: W19000096236

Letter Number: 019A00022472

FAX Aud. #: H19000320750

To whom it may concern:

The purpose of this letter is to serve as consent and confirmation that the principals of University Station II, LTD (Limited Partnership) and University Station II, LLC (Limited Liability Company) are the same. Please complete the filing for document W19000096236 (for University Station II, LLC) so that it may be used. We cannot choose a different name, since this entity will be used with the limited partnership whose name it is in conflict with, they are related.

Sincerely,

  
University Station II, LTD

Matthew Kieger, General Partner's Manager

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

UNIVERSITY STATION II, 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:

3225 AVIATION AVE, 6TH FLOOR  
COCONUT GROVE, FL 33133

Mailing Address:

3225 AVIATION AVE, 6TH FLOOR  
COCONUT GROVE, FL 33133

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:

MATTHEW RIEGER, P.A.

Name

3225 AVIATION AVE, 6TH FLOOR

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

COCONUT GROVE      FL      33133

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)

SECRETARY OF STATE  
TALLAHASSEE, FL

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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

MGR

**Name and Address:**

MATTHEW RIEGER

3225 AVIATION AVE, 6TH FLOOR

COCONUT GROVE, FL 33133

RANDY RIEGER

3225 AVIATION AVE, 6TH FLOOR

COCONUT GROVE, FL 33133

(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.

MATTHEW RIEGER

Typed or printed name of signer

**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)

SECRETARY OF STATE  
TALLAHASSEE, FL

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6-1-2019