## L20000030208

| (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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SECOLORIA PH 4:

ىيىن ئىلىنىڭ بىر رىيىسىنى بىر 1201 Hays Street
Tallhassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 158029 77704032

AUTHORIZATION :

COST LIMIT : \$ 125.00

ORDER DATE : January 30, 2020

ORDER TIME : 3:44 PM

ORDER NO. : 158029-005

CUSTOMER NO: 7704032

DOMESTIC FILING

NAME: MERMAID BEACH REALTY, LLC

EFFECTIVE DATE:

CORPORATION SERVICE COMPANY

\_\_ ARTICLES OF INCORPORATION

XX \_\_ ARTICLES OF ORGANIZATION

CERTIFIED COPY
XX PLAIN STAMPED COPY

\_\_\_ CERTIFICATE OF LIMITED PARTNERSHIP

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kadesha Roberson - EXT.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

EXAMINER'S INITIALS:

## **COVER LETTER**

| TO: N          | lew Filing Section<br>Division of Corporations                |                |   |   |  |  |  |
|----------------|---|----------------|---|---|--|--|--|
| SUBJECT        | Mermaid Beach Realty, LLC                                     |                |   |   |  |  |  |
| 000000         |   | nited Liabili  | ly Company                                      | <del></del>   |  |  |  |
| The enclos     | sed Articles of Organization and fee(s) a                     | e submitted    | for filing.                                     |   |  |  |  |
| Please retu    | um all correspondence concerning this m                       | atter to the f | ollowing:                                       |   |  |  |  |
|                | Thomas Kamvosoulis, Esq.                                      |                |   |   |  |  |  |
|                |   | Name of        | Person  |   |  |  |  |
|                | Brach Eichler L.L.C.  |                |   |   |  |  |  |
|                | Firm/Company  |                |   |   |  |  |  |
|                | 101 Eisenhower Parkway  |                |   |   |  |  |  |
|                |   | ∧ddre          | :55   |   |  |  |  |
|                | Roseland, New Jersey 07068                                    |                |   |   |  |  |  |
|                | C   | ity/State and  | Zip Codc  |   |  |  |  |
| •              | E-mail address: (to be used                                   | for future a   | nun report notifies:                            | ion)  |  |  |  |
| For further is | nformation concerning this matter, please                     |                | ····  | (OII)   |  |  |  |
|                | Thomas Kamvosoulis, Esq. 97                                   |                | 228-5700  |   |  |  |  |
|                | Name of Person  |                | Daytime Telephon                                | e Number  |  |  |  |
| Enclosed is    | a check for the following amount:                             |                |   |   |  |  |  |
| □\$125,00      |   | Certifie       | .00 Fiting Fee &<br>J Copy<br>copy is enclosed) | ☐\$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |  |  |  |
|                | Malling Address  New Filing Section  Division of Corporations | ٨              | treet Address lew Filing Section Di             | vision  |  |  |  |

P.O. Box 6327
Tallahassee, FL 32314

The Centre of Tallohassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

|  |  |  | MEDIJABILITY COMPANY  |
|--|--|--|---|
| ARTICLE I - Name:<br>The name of the Limited Lie   | bility Company is:   |  |   |
| Mermaid Beach I  |  |  |   |
| (Must c  | conatin the words "Limited I   | Liability Con  | pany, "L.L.C.," or "LLC.")  |
| ARTICLE II - Address:<br>The mailing address and stre  | et address of the principal o  | ffice of the L   | imited Liability Company is:  |
| <u>Prin</u>  | icipal Office Address:   |  | Mailing Address:  |
| 2598 East Sunrise Blvd., Suite 2104 Fort Lauderdale, Florida 33304   |  |  | 2598 East Sunrise Blvd., Suite 2104<br>Fort Lauderdale, Florida 33304   |
|  |  |  | FULL ENDOCIONIC PIONA SSSIIA  |
| ARTICLE III - Registered   | Agent, Registered Office,  | & Registere  | A Association of the Company of the |
| another business entity with   | any cannot serve as its own an active Florida registration eet address of the registered   | Registered A<br>n.)  |   |
| another business entity with   | any cannot serve as its own<br>an active Florida registratio   | Registered A<br>n.)  | A Association of the Company of the |
| another business entity with   | an active Florida registration at active Florida registration cet address of the registered Matt Kaplan  2598 East Sunrise Bl                        | Registered An.) agent are: Name  | d Agent's Signature: gent. You must designate an individual or  |
| another business entity with   | pany cannot serve as its own an active Florida registration rect address of the registered Matt Kaplan  2598 East Sunrise Bl. Florida street address | Registered An.) I agent are: Name  Name  vd., Suite 210 s (P.O. Box 2) | Agent's Signature: gent. You must designate an individual or  4 OT acceptable)  |
| ARTICLE III - Registered (The Limited Liability Companother business entity with: The name and the Florida str | an active Florida registration at active Florida registration cet address of the registered Matt Kaplan  2598 East Sunrise Bl                        | Registered An.) agent are: Name  | d Agent's Signature: gent. You must designate an individual or  |

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)

2020 JAN 30 PH 4: 47

| ARTICLE IV- The name and address of each person auti | norized to manage and control the Limited Liability Company:  |
|--|---|
| Title: "AMBR" = Authorized Member "MGR" = Manager    | Name and Address:   |
| AMBR   | BDE Realty Holdings, LLC<br>2598 East Sunrise Blvd., Suite 2104<br>Fort Lauderdale, Florida 33304   |
| <del></del>  |   |
|  |   |
|  |   |
| (Use attachment if necessary)                        |   |
| the date of filing.)                                 | of filing: (OPTIONAL) cific and cannot be more than five business days prior to or 90 days after eet the applicable statutory filing requirements, this date will not be listed as f State's records                        |
| ARTICLE VI: Other provisions, if any,                |   |
|  | us Kaneronti  |
| i am aware that any false i                          | nber or an authorized representative of a member. d in accordance with section 605.0203 (1) (b), Florida Statutes, information submitted in a document to the Department of State felony as provided for in s.817.155, F.S. |
| Thomas Kamvosou                                      | lis, Esq., Authorized Renresentative Typed or printed name of signee  |

Filing Fees:

5125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

S 30.00 Certified Copy (Optional)

5 5.00 Certificate of Status (Optional)