## L20000041118

(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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N CULLIGANI FEB 1 7 2020 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195
REFERENCE: 182395 8287610
AUTHORIZATION: Louis Cena
COST LIMIT: \$ 125.00
ORDER DATE : February 16, 2020
ORDER TIME : 9:45 AM
ORDER NO. : 182395-010
CUSTOMER NO: 8287610
DOMESTIC FILING
NAME: CFCW PROPCO POINCIANA LLC
EFFECTIVE DATE:
EFFECIIVE DAIE:
ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY
XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Kadesha Roberson - EXT.
EXAMINER'S INITIALS:

## COVER LETTER

	New Filing Sec Division of Co					
cup in a		opco Poinciana LLC				
SUBJEC	1;	Name	of Lim	ited Liabil	ity Company	<del></del>
The enclo	sed Articles of	Organization and fee	e(s) are	submitted	for filing.	
Please ret	urn all corresp	endence concerning t	his ma	tter to the f	ollowing:	
	Miguel Her	15				
			-	Name of	Person	
	Clean Streak	v Ventures LLC				
				Firm/Co	прапу	· · · · · · · · · · · · · · · · · · ·
	980 North F	ederal Highway, Suit	e 315			
				Addr	ess	
	Boca Raton,	Florida 33432				
	-	-	Ci	ty/State and	l Zip Code	
	z.cedeno@in					
	1	E-mail address: (to be	used i	for future a	nnual report notificat	ion)
For further	information co	ncerning this matter,	please	call:		•
	Michael Kaz		56 at (	1	95341 <b>6</b> 4	
	Nam	e of Person	·—	ea Code	Daytime Telephor	ne Number
Enclosed	is a check for t	ne following amount:				
≣\$125.0	0 Filing Fee	□\$130.00 Filing F Certificate of State		Certific	.00 Filing Fee & d Copy I copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailin	g Address		:	Street Address	

Mailing Address
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## FILED

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

2020 FEB 17 AH 10: 52

SECRETARY OF STATE TALLAHASSEE, FL

ARTICLE 1 - Name: The name of the Limited Liability Company is:

CFCW Propco Poinciana LLC

(Must conatin the words "Limited Liability Company, "L.L.C.," or "Ll.C.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
980 North Federal Highway, Suite 315	980 North Federal Highway, Suite 315
Boca Raton, Florida 33432	Boca Raton, Florida 33432

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 addres	s (P.O. Box <u>NOT</u> ac	eceptable)
Tallahassee	FI	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)

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Kadesha Roberson Asst. Vice President

2020 FEB 17 AM 10: 52

Title: "AMBR" = Authorized Member	Nume and Address:	
"MGR" = Manager MGR	Andres Bethencourt 980 North Federal Highway, Suite 315 Boca Raton, Florida 33432	-
MGR	Christopher Woodburn 980 North Federal Highway, Suite 315 Boca Raton, Florida 33432	
,		SECRE
<del></del>		TARY OF
(Use attachment if necessary)		ST/
(if an effective date is fisted, the date must be sp the date of filing.)	e of filing:	
REQUIRED SIGNATURE:	) <sub>(1</sub>	<del></del>
His document is execu I am aware that any fals	ember or an authorized representative of a member, ated in accordance with section 605.0203 (1) (b), Florida Statutes, a information submitted in a document to the Department of State of Felony as provided for in s.817.155, F.S.	
Christopher W∞	Odburn Typed or printed name of signee	

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

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)

ARTICLE IV-