## 13000004808/

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

Phone: 850-558-1500
ACCOUNT NO. : I2000000195
REFERENCE : 182395 8287610
AUTHORIZATION: Spelle le man
COST LIMIT : \$ 125.00
ORDER DATE : February 16, 2020
ORDER TIME : 9:44 AM
ORDER NO. : 182395-005
CUSTOMER NO: 8287610
DOMESTIC FILING
NAME: CFCW PROPCO SEMORAN LLC
EFFECTIVE DATE:
ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP 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					
		opco Semoran LLO	2			
SUBJEC	I':	Nar	ne of Lin	nited Liabili	ty Company	
The enclo	sed Articles of	Organization and	fee(s) are	e submitted	for filing.	
Please ret	urn all correspo	ondence concernin	g this ma	atter to the fo	ollowing:	
	Miguel Hera	ıs				
				Name of	Person	
	Clean Streak	Ventures LLC				
				Firm/Cor	npany	<u> </u>
	980 North F	ederal Highway, S	uite 315		,	
			-	Addre	ss	
	Boca Raton,	Florida 33432				
		1.1.	C	ity/State and	Zip Code	
	z.cedeno@inv		he used	for future si	mual report notificati	ion)
or further		ncerning this matte				,
	Michael Kazı	_	56	51	9534164	
	Nam	e of Person	at ( A:		Daytime Telephon	e Number
Enclosed i	s a check for th	ne following amou	nt:			•
≣\$125.00	) Filing Fee	□\$130.00 Filin Certificate of S		Certific	.00 Filing Fee & d Copy I copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	New Fi Divisio	g Address ling Section on of Corporations		ī 1	Street Address New Filing Section Di The Centre of Tallahr	assec

P.O. Box 6327 Tallahassee, FL 32314

Tallahassee, FL 32303

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

CFCW Propco	Semoran LLC		
(Mus	t conatin the words "Limited Li	ability Company	, "L.L.C.," or "LLC.")
RTICLE II - Address: ne mailing address and st	reet address of the principal off	ice of the Limited	ł Liability Company is:
<u>Pr</u>	incipal Office Address:		Mailing Address:
		000	North Radowal Highman, Chita 215
980 North Fede	eral Highway, Suite 315	200	North rederal righway, Suite 313
Boca Raton, Fl  RTICLE III - Registere the Limited Liability Contor business cutity with	orida 33432 d Agent, Registered Office, &	Registered Age egistered Agent.	North Federal Highway, Suite 315 ca Raton, Florida 33432  nt's Signature: You must designate an individual or
Boca Raton, Fl  RTICLE III - Registere the Limited Liability Contor business cutity with	d Agent, Registered Office, & apany cannot serve as its own R in an active Florida registration.	Registered Age egistered Agent. ) gent are:	a Raton, Florida 33432 nt's Signature:
Boca Raton, Fl  RTICLE III - Registere the Limited Liability Contor business cutity with	orida 33432  d Agent, Registered Office, & apany cannot serve as its own R than active Florida registration.  treet address of the registered a Corporation Service Co	Registered Age egistered Agent. ) gent are:	a Raton, Florida 33432 nt's Signature:
Boca Raton, Fl  RTICLE III - Registere the Limited Liability Contor business cutity with	orida 33432  d Agent, Registered Office, & apany cannot serve as its own R than active Florida registration.  treet address of the registered a Corporation Service Co	Registered Age egistered Agent. ) gent are:	a Raton, Florida 33432 nt's Signature:
Boca Raton, Fl  RTICLE III - Registere the Limited Liability Contor business cutity with	d Agent, Registered Office, & apany cannot serve as its own R than active Florida registration.  Corporation Service Co	Registered Age egistered Agent. ) gent are: ompany Name	nt's Signature: You must designate an individual or
Boca Raton, Fl  RTICLE III - Registere the Limited Liability Contor business cutity with	d Agent, Registered Office, & apany cannot serve as its own R is an active Florida registration.  Corporation Service Control 1201 Hays Street	Registered Age egistered Agent. ) gent are: ompany Name	nt's Signature: You must designate an individual or

(CONTINUED) Kadesha Roberson Asst. Vice President

Registered Agent's Signature (REQUIRED)

2020 FEB 17 PH 3: 25

Title: "AMBR" = Authorized Member	Name and Address:
MGR" = Manager	
MGR	Andres Bethencourt
	980 North Federal Highway, Suite 315 Boca Raton, Florida 33432
MGR ·	Christopher Woodhum
	Christopher Woodburn 980 North Federal Highway, Suite 315
	Boca Rulen, Florida 33432
<del></del>	
V: Effective date, if other than the dat	e of filing: (OPTIONAL)
filing.)	pecific and cannot be more than five business days prior to or 9  meet the applicable statutory filing requirements, this date will no
V: Effective date, if other than the dat tive date is listed, the date must be sp filing.) he date inserted in this block does not ent's effective date on the Department	pecific and cannot be more than five business days prior to or 9  meet the applicable statutory filing requirements, this date will no
V: Effective date, if other than the dat tive date is listed, the date must be spfiling.) ne date inserted in this block does not ent's effective date on the Department VI: Other provisions, if any.	pecific and cannot be more than five business days prior to or 9 meet the applicable statutory filing requirements, this date will not tof State's records.
V: Effective date, if other than the dat tive date is listed, the date must be spfiling.) ne date inserted in this block does not ent's effective date on the Department VI: Other provisions, if any.  Signature of a m This document is executed am aware that any fals	pecific and cannot be more than five business days prior to or 9  meet the applicable statutory filing requirements, this date will no
V: Effective date, if other than the dat tive date is listed, the date must be spfiling.)  ne date inserted in this block does not ent's effective date on the Department  VI: Other provisions, if any.  EOURED SIGNATURE:  Signature of a m  This document is executed an aware that any fals	meet the applicable statutory filing requirements, this date will not of State's records.  The member of an authorized representative of a member, and in accordance with section 605.0203 (1) (b), Florida Statutes, the information submitted in a document to the Department of State are felony as provided for in s.817.155, F.S.

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-