

2/19/2020

Kim Tadlock 8004323622

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Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

From: Account Name : CAPITOL SERVICES, INC.
Account Number : I20160000017
Phone : (855)498-5500
Fax Number : (800)432-3622

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FLORIDA LIMITED LIABILITY CO.
SIVAN REAL ESTATE #02, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

****PLEASE GIVE THE ORIGINAL SUBMISSION DATE AS THE FILE DATE - 2/19/20*****

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20 FEB 19 PM 2:46



February 20, 2020

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CAPITOL SERVICES, INC.

SUBJECT: SIVAN REAL ESTATE #02 LLC
REF: W20000018051

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.

Please complete the registered agent's address. (state and zip code)

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tim Burch
Regulatory Specialist II Supervisor

FAX Aud. #: H20000056339
Letter Number: 920A00003777

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COVER LETTER**TO: New Filing Section
Division of Corporations****SUBJECT: SIVAN REAL ESTATE #02, 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:

HOWARD B. NADEL

Name of Person

HOWARD B. NADEL, P.A.

Firm/Company

301 W. HALLANDALE BEACH BLVD

Address

HALLANDALE BEACH, FLORIDA 33009

City/State and Zip Code

HNADEL@RNFLAW.COM

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

For further information concerning this matter, please call:

HOWARD NADEL

954

455-5100

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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SIVAN REAL ESTATE #02, 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:1 Market Plaza
Spear Tower, Suite 400
San Francisco, California 84105Mailing Address:1 Market Plaza
Spear Tower, Suite 400
San Francisco, California 84105

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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:

HOWARD B. NADEL, P.A.
Name301 W. HALLANDALE BEACH BLVD.
Florida street address (P.O. Box **NOT** acceptable)HALLANDALE BEACH FL 33009
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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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGRMGR**Name and Address:**OR SIVAN1 Market PlazaSpear Tower, Suite 400, San Francisco, CA 84105SHIRI SIVAN1 Market PlazaSpear Tower, Suite 400, San Francisco, CA 84105

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(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.To engage in any and all lawful business permitted under the laws of the United States and the State of FloridaThe limited liability company shall be manager managed**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.

HAROLD B. TADLOCK

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)

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