

6/1/2020

L20000141542

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number
(shown below) on the top and bottom of all pages of the document.

(((H20000163952 3)))



H200001639523ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

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

From:
Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-0821
Fax Number : (850)558-1515

****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.
SOUTHPORT HOME LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

J DENNIS
JUN 02 2020

20 JUN -1 PM 12: 8.1

2020 JUN -1 PM 14: 14

H20000163952 3

ARTICLES OF ORGANIZATION FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I – Name:

The name of the Limited Liability Company is:

SOUTHPORT HOME LLC

ARTICLE II – Address:

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

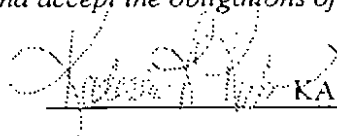
<u>Principal Office Address:</u>	<u>Mailing Address:</u>
1010 Brickell Avenue, Ste. 4102 Miami, FL 33131	1010 Brickell Avenue, Ste. 4102 Miami, FL 33131

ARTICLE III – Registered Agent, Registered Office & Registered Agent's Signature:

The name and Florida street address of the registered agent are:

Corporation Service Company
1201 Hays Street
Tallahassee, FL 32301

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.



KADESHA ROBERSON, ASST. VICE PRESIDENT

Registered Agent's Signature

H20000163952 3

H20000163952 3**ARTICLE IV –**

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

<u>Title:</u>	<u>Name and Address:</u>
MGR	Ellen G. Levinson 1010 Brickell Avenue, Ste. 4102 Miami, FL 33131
MGR	John C. Levinson 1010 Brickell Avenue, Ste. 4102 Miami, FL 33131

ARTICLE V: Effective date, if other than the date of filing: None

ARTICLE VI: Other Provisions, if any.

None

REQUIRED SIGNATURE:

Authorized representative

Signature of a member or 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.

Jav D. Mussman

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)

20 JUN - 1 PM 12:38

H20000163952 3