

L20000173997

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

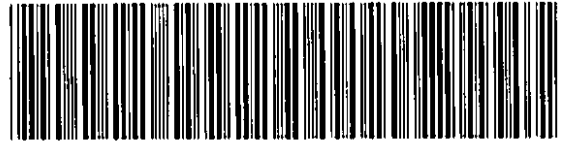
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer

Office Use Only



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FILED

2020 JUN 26 PM 1:17

SECRETARY OF STATE  
TALLAHASSEE, FL

2020 JUN 26 PM 1:17

NOT RECORDED

JUN 29 2020

# Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 06/26/2020

**\*\*WALK IN\*\***

ENTITY NAME 6050 NORTH BAY ROAD GP, LLC

DOCUMENT NUMBER \_\_\_\_\_

**\*\*PLEASE FILE THE ATTACHED AND RETURN\*\***

XXXX \_\_\_\_\_

*Plain Copy*

*Certified Copy*

*Certificate of Status*

*File First*

**\*\*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY\*\***

*Certified Copy of Arts & Amendments*

*Certificate of Good Standing*

**\*\*APOSTILLE' / NOTARIAL CERTIFICATION\*\***

COUNTRY OF DESTINATION \_\_\_\_\_

NUMBER OF CERTIFICATES REQUESTED \_\_\_\_\_

TOTAL OWED \$125.00

ACCOUNT #: 120160000072

Please call Tina at the above number for any issues or concerns. Thank you so much!

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: 6050 NORTH BAY ROAD GP, 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:

THOMAS G. SHERMAN, ESQ.  
Name of Person  
THOMAS G. SHERMAN, P.A.  
Firm/Company  
90 ALMERIA AVENUE  
Address  
CORAL GABLES, FL 33134  
City/State and Zip Code  
GRYSKA@UNIONTTITLESERVICES.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GRYSKA SOTOLONGO 305 448-5898  
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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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TALLAHASSEE, FL

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

6050 NORTH BAY ROAD GP, 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:

Mailing Address:

1800 SUNSET HARBOUR DRIVE  
MARINA SUITE P  
MIAMI BEACH, FL 33139

1800 SUNSET HARBOUR DRIVE  
MARINA SUITE P  
MIAMI BEACH, FL 33139

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:

THOMAS G. SHERMAN, P.A.

Name


90 ALMERIA AVENUE

Florida street address (P.O. Box **NOT** acceptable)

CORAL GABLES      FL      33134

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)

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

MGR

BART REINES

1800 SUNSET HARBOUR DRIVE, MARINA SUITE P

MIAMI BEACH, FL 33139

SECRETARY OF STATE  
TALLAHASSEE, FL

2020 JUN 26 PM 1:17

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(Use attachment if necessary)

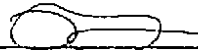
**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(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.

**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.

BART REINES

Typed or printed name of signee

**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)