La 0000269605

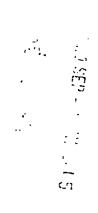
(F	Requestor's N	ame)	
(/	\ddress)		
(<i>f</i>	\ddress)		
(0	City/State/Zip/	Phone #)	
PICK-UP	☐ WAI	T	MAIL
(E	Business Entit	y Name)	
	Document Nur	nber)	·
,-		,	
Certified Copies	Certif	icates of	Status
Special Instructions t	o Filing Office	r:	
·	J		

Office Use Only



600351737846

SECRETARY OF STATE SECRETARY OF STATE



N CULLIA SE



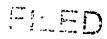
115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

Date: 09/08/20)20	
Name: Merr		<u> </u>
Reference #:	1262142	
		NT INVESTORS MANAGER, LLC
✓ Articles of Incorp	poration/Authorization	on to Transact Business
Amendment		
Change of Agen	t	
Reinstatement		
Conversion		
Merger		
☐ Dissolution/With	drawal	
Fictitious Name		
Other		
Authorized Amount:	\$125	
Signature:	MW	

F: 800.944.6607

F: +852.2682.9790



ARTICLES OF ORGANIZATION FOR FLORIDALIMITED LIABILITY COMPANY SEP -8 AH 9: 21

A	R	П	IC	IJ	E	1	-	N	a	m	e	:
---	---	---	----	----	---	---	---	---	---	---	---	---

The name of the Limited Liability Company is:

SECRETARY OF STATE TALLAHASSEE, FL

			T,	ALLAHASSEE, FL
Concord Apartme	nt Investors Manager, LLC			·
(Must co	ontain the words "Limited I	ziability Com	pany, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and stree	t address of the principal of	ffice of the Li	mited Liability Company is:	:
<u>Princ</u>	eipal Office Address:		Mailing A	ddress:
2420 E Sunrise Bo	oulevard		2420 E Sunrise Boulevard]
Suite 9			Suite 9	
Fort Lauderdale, F	1, 33304		Fort Lauderdale, FL 3330-	4
The name and the Florida stre	et address of the registered Peter Flotz	_		-
		Name		
	2420 E Sunrise Boule	evard, Suite 9		
	Florida street address	(P.O. Box <u>N</u>	OT acceptable)	•
	Fort Lauderdale	FL.	33304	_
	City	State	Zip	
laving been named as registere lace designated in this certifica arther agree to comply with the im familiar with and accept the	ite. I hereby accept the appo provisions of all statutes re obligations of my position of Petle	ointment as re lating to the p as registered o v Fu	gistered agent and agree to o proper and complete perform agent as provided for in Cha _l	act in this capacity, I nance of my duties, and I

(CONTINUED)

ARTICLE IV-

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR	Peter Flotz 2420 E Sunrise Boulevard, Suite 9 Fort Lauderdale, FL 33304
MGR	Kent Gregory 2420 E Sunrise Boulevard, Suite 9 Fort Lauderdale, FL 33304
	AM 9: 21
on effective date is listed, the date must be date of filing.)	ate of filing:
document's effective date on the Departme TICLE VI: Other provisions, if any.	
· · · · · · · · · · · · · · · · · · ·	~
REQUIRED SIGNATURE:	Peter Flotz
This document is exe I am aware that any fa	member or an authorized representative of a member. Secuted in accordance with section 605.0203 (1) (b), Florida Statutes, alse information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S.
Peter Flotz	

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)