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.

(((H20000311153 3)))



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : M. BURR KEIM COMPANY

Account Number : I19990000242

Phone : (215)563-8113 Fax Number : (215)977-9386

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

r41	Address:			
rmaii	MINISTER C			

## FLORIDA LIMITED LIABILITY CO.

## Blanche Ely Villas, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

(((H200003111533)))

To:

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

<u>BI</u>	anche Ely Villas, LLC	
	(Must contain the words "Limited Liabi	lity Company, "L.L.C ," or "LLC ")
ARTICLE II	<ul> <li>Address: ddress and street address of the principal office</li> </ul>	of the Limited Liability Company is
The maning a	Principal Office Address:	Malling Address:
-		

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

Name

321 West Atlantic Blvd
Florida street address (P.O. Box NOT acceptable)

Pompano Beach FL 33060

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 603, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

2020 SEP -8 PM 4: 41

(((H200003111533)))

To:

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
AMBR	Blanche Ely Villas HAPB Corp  321 West Atlantic Blvd.
	Pompano Beach, FL 33060
(Use attachment if necessary) LEV: Effective date, if other than	the date of filing: (OPTIONAL)
LEV: Effective date, if other than ffective date is listed, the date must of filing.)	the date of filing:
LEV: Effective date, if other than flective date is listed, the date must of filing.) If the date inserted in this block do	st be specific and cannot be more than five business days prior to or 90 da ses not meet the applicable statutory filing requirements, this date will not be artiment of State's records.
ILE V: Effective date, if other than ffective date is listed, the date must be of filing.)  If the date inserted in this block document's effective date on the Department's effective date on the Department's CLE VI: Other provisions, if any	st be specific and cannot be more than five business days prior to or 90 days not meet the applicable statutory filing requirements, this date will not be artiment of State's records.
LE V: Effective date, if other than ffective date is listed, the date must of filing.)  If the date inserted in this block document's effective date on the Department's other provisions, if any  REQUIRED SIGNATURE:	st be specific and cannot be more than five business days prior to or 90 days not meet the applicable statutory filing requirements, this date will not be artiment of State's records.
CLE V: Effective date, if other than ffective date is listed, the date must of filing.)  If the date inserted in this block document's effective date on the Department's effective date on the Department's CLE VI: Other provisions, if any  REQUIRED SIGNATURE:  Signature This document is I am aware that a	st be specific and cannot be more than five business days prior to or 90 days not meet the applicable statutory filing requirements, this date will not be artiment of State's records.
CLE V: Effective date, if other than ffective date is listed, the date must of filing.)  If the date inserted in this block document's effective date on the Department's effective date on the	of a member or an authorized representative of a member.  see executed in accordance with section 605 0203 (1) (b), Florida Statutes any false information submitted in a document to the Department of State

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)