

L20000333107

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

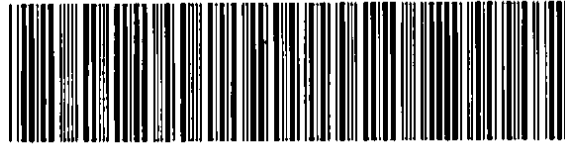
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

Office Use Only



300354258803

RECEIVED

2020 OCT 26 PM 2:15

CLERK OF COURT
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED

2020 OCT 26 AM 8:37

SECRETARY OF STATE
TALLAHASSEE, FL

RECEIVED

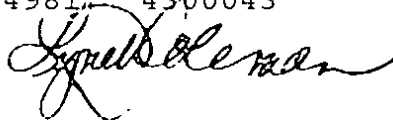
OCT 27 2020

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 484981, 4300043

AUTHORIZATION :



COST LIMIT : \$ 125.00

ORDER DATE : October 26, 2020

ORDER TIME : 12:58 PM

ORDER NO. : 484981-005

CUSTOMER NO: 4300043

DOMESTIC FILING

NAME: HAYDEN SUMMIT LEASING LLC

EFFECTIVE DATE:

____ ARTICLES OF INCORPORATION
____ CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY
____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Robinson - EXT. 62968

EXAMINER'S INITIALS: _____



RECEIVED

2020 OCT 29 PM 2:08

FLORIDA DEPARTMENT OF STATE
Division of Corporations

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

October 27, 2020

CSC

RESUBMIT
Please give original
submission date as file date.

SUBJECT: HAYDEN SUMMIT LEASING LLC
Ref. Number: W20000124234

We have received your document for HAYDEN SUMMIT LEASING LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

List the title in Article IV.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Neysa Culligan
Regulatory Specialist III

Letter Number: 520A00021349

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

2020 OCT 26 AM 8:37

ARTICLE I - Name:

The name of the Limited Liability Company is:

Hayden Summit Leasing LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

8551 NW 30th Terrace

Miami FL 33122

8551 NW 30th Terrace

Miami FL 33122

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:

Corporation Service Company

Name

1201 Hays Street

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

Tallahassee

FL

32301

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.

Corporation Service Company

By

Amanda E. Robinson
Registered Agent's Signature (REQUIRED)

Amanda Robinson
Asst. Vice President

(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:

AMBR _____

Hayden Summit LLC
8551 NW 30th Terrace
Miami FL 33122

MGR _____

Wade Davis
8551 NW 30th Terrace
Miami FL 33122

SECRETARY OF STATE
TALLAHASSEE, FL

2020 OCT 26 AM 8:37

FILED

(Use attachment if necessary)

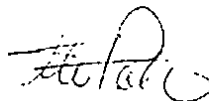
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.

VITO PIACENTE

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)