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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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Special Instructions to Filing Officer:





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CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724

11/30/2020

D	te: 11/30/2020	
	Acc#120160000072	
Name:	T3370 RESIDENTIAL LLC	
Document #:		
Order #:	13367825 - 11	
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing:		_
Apostille/Notarial Certification:	Country of Destination: Number of Certs:	
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Availability Document Examiner Updater Verifier W.P. Verifier Ref#	Amount: \$ 125.00	

Thank you!

COVER LETTER

	New Filing Section Division of Corporations		
end isc	T3370 RESIDENTIAL LLC		
SUBJEC'		imited Liability Company	
The enclo	sed Articles of Organization and fee(s) a	are submitted for filing.	
Please reti	urn all correspondence concerning this m	natter to the following:	
	ALEX D. SIRULNIK		
		Name of Person	
	ALEX D. SIRULNIK, P.A.		
		Firm/Company	
	2199 PONCE DE LEON BOULEVA	RD, SUITE 301	
		Address	
	CORAL GABLES, FL 33134		
	ADS@SIRULNIKLAW.COM	City/State and Zip Code	
	E-mail address: (to be used	d for future annual report notification)	
For further i	information concerning this matter, pleas	se call:	
	ALEX D. SIRULNIK 3	305 443-721!	
		Area Code Daytime Telephone Number	
Enclosed i	is a check for the following amount:		
\$125.00 F	Filing Fee S130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & S160.00 Filing Fee Certified Copy (additional copy is enclosed) Certified Copy (additional copy is constant to the copy is constant.	tus &
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassec, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	ENTIAL LLC					
(Mu	st contain the words "Limited Lia	bility Company,	'L.L.C.," or "LLC.")			
ARTICLE II - Address: The mailing address and s	treet address of the principal offic	ce of the Limited	Liability Company is:			
<u>P</u>	rincipal Office Address:		Mailing Addre	<u>:ss</u> :		
1270 THOMA	S AVENUE	777 1	BRICKELL AVENUE			
33/U I HUNIA	0111 H110 D					
MIAMI, FL 33		#500	-10376			
MIAMI, FL 33 ARTICLE III - Registere (The Limited Liability Con		MIA Registered Agen gistered Agent. \	MI, FL 33131 t's Signature:	vidual or		
MIAMI, FL 33 ARTICLE III - Registere (The Limited Liability Coranother business entity wi	ed Agent, Registered Office, & Impany cannot serve as its own Reth an active Florida registration.)	MIA Registered Agen gistered Agent. Y	MI, FL 33131 t's Signature:	vidual or -	ZŮZŮ Į	
MIAMI, FL 33 ARTICLE III - Registere (The Limited Liability Coranother business entity wi	ed Agent, Registered Office, & Impany cannot serve as its own Reth an active Florida registration.) street address of the registered agent ALEX D. SIRULNIK, F	MIA Registered Agen gistered Agent. Y ent are:	MI, FL 33131 t's Signature:	vidual or -	ZŮŽŮ NO	
MIAMI, FL 33 ARTICLE III - Registere (The Limited Liability Coranother business entity wi	ed Agent, Registered Office, & Impany cannot serve as its own Reth an active Florida registration.) street address of the registered agent ALEX D. SIRULNIK, F	MIA Registered Agen gistered Agent. Y	MI, FL 33131 t's Signature:	vidual or -	ZVON GZÓZ	
MIAMI, FL 33 ARTICLE III - Registere (The Limited Liability Coranother business entity wi	ed Agent, Registered Office, & Impany cannot serve as its own Reth an active Florida registration.) street address of the registered agent ALEX D. SIRULNIK, F	MIA Registered Agen gistered Agent. Y gent are: 2.A. fame	MI, FL 33131 t's Signature: 'ou must designate an indi	vidual or	OS AON OZOZ	
MIAMI, FL 33 ARTICLE III - Registere (The Limited Liability Coranother business entity wi	ed Agent, Registered Office, & Impany cannot serve as its own Reth an active Florida registration.) street address of the registered agent ALEX D. SIRULNIK, F	MIA Registered Agen registered Agent. Y lent are: P.A. lame N BOULEVARD	MI, FL 33131 t's Signature: 'ou must designate an indi	vidual or		
MIAMI, FL 33 ARTICLE III - Registere (The Limited Liability Coranother business entity wi	ed Agent, Registered Office, & Impany cannot serve as its own Reth an active Florida registration.) Street address of the registered age ALEX D. SIRULNIK, F. N. 2199 PONCE DE LEON	MIA Registered Agen registered Agent. Y lent are: P.A. lame N BOULEVARD	MI, FL 33131 t's Signature: 'ou must designate an indi	vidual or	2020 NOV 30 PM 3: 2.	

(CONTINUED)

Registered Agent's Signature (REQUIRED)

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..

Title:	Name and Address:
"AMBR" = Authorized M	ember
"MGR" = Manager	
MGR	ATCG LLC
	777 BRICKELL AVENUE, #500-10376
	MIAMI, FL 33131
	
	
(Use attachment if necessa	
ICLE V: Effective date, if other offective date is listed, the date of filing.) If the date inserted in this bless.	er than the date of filing:
ICLE V: Effective date, if other offective date is listed, the date of filing.) If the date inserted in this bless.	er than the date of filing:
ICLE V: Effective date, if other offective date is listed, the date of filing.) If the date inserted in this blocument's effective date on the	er than the date of filing:
ICLE V: Effective date, if other offective date is listed, the date of filing.) If the date inserted in this blocument's effective date on the ICLE VI: Other provisions, if a REQUIRED SIGNATURE Signature Tain aware and are selected as a selected signature.	er than the date of filing:
ICLE V: Effective date, if other offective date is listed, the date of filing.) If the date inserted in this blocument's effective date on the ICLE VI: Other provisions, if a REQUIRED SIGNATURE Signature Tain aware and are selected as a selected signature.	er than the date of filing:

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)

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ARTICLE IV-