12/3/2020

Division of Corporations



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To:

Division of Corporations

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Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (614)280-3338 Phone Fax Number : (954)208-0845

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Email	Address:		

FLORIDA LIMITED LIABILITY CO. United Master Investment 3, LLC

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$155.00

Corporate Filing Menu

Electronic Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	estment 3, LLC		
	ontain the words "Limited I	Liability Company, "	L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and stree	t address of the principal o	ffice of the Limited 1	.iability Company is:
Prin	tival Office Address:		Mailing Address:
		_	
12110 Sunnydale		<u>Same</u>	
Wellington, FL 3 ARTICLE III - Registered. The Limited Liability Comp	Agent, Registered Office, any cannot serve as its own	& Registered Agent Registered Agent. Y	
Wellington, FL 3 ARTICLE III - Registered. The Limited Liability Companother business entity with	Agent, Registered Office, any cannot serve as its own an active Florida registration eet address of the registered	& Registered Agent Registered Agent. Y n.)	's Signature:
Wellington, FL 3 ARTICLE III - Registered (The Limited Liability Companother business entity with	Agent, Registered Office, any cannot serve as its own an active Florida registration	& Registered Agent Registered Agent. Y n.)	's Signature:
Wellington, FL 3 ARTICLE III - Registered	Agent, Registered Office, any cannot serve as its own an active Florida registration eet address of the registered	& Registered Agent. Y Registered Agent. Y n.) agent are: tem	's Signature:
Wellington, FL 3 ARTICLE III - Registered (The Limited Liability Companother business entity with	Agent, Registered Office, any cannot serve as its own an active Florida registration et address of the registered CT Corporation Systems	& Registered Agent. Registered Agent. Y n.) i agent are: tem Name	's Signature: ou must designate an individual or
Wellington, FL 3 ARTICLE III - Registered (The Limited Liability Companother business entity with	Agent, Registered Office, any cannot serve as its own an active Florida registration et address of the registered CT Corporation Systems 1200 South Pine Isla	& Registered Agent. Registered Agent. Y n.) i agent are: tem Name	's Signature: ou must designate an individual or

C T Corporation System By: Registered Agent's Signature (REQUIRED)

(CONTINUED)

"AMBR" = Authorized Member "MGR" = Manager	Name and Address:
ŭ	Richard Desich
AMBR	12110 Sunnydale Drive
	Wellington, FL 33414
AMBR	Michelle Mas
	12110 Sunnydale Drive Wellington, FL 33414
AMBR	Linda Kinter 12110 Sunnydale Drive
	Wellington, FL 33414
LEV: Effective date, if other than the	ne date of filing: (OPTIONAL) be specific and cannot be more than five business days prior to or 9
Tective date is listed, the date must of filing.) If the date inserted in this block document's effective date on the Department's	s not meet the applicable statutory filing requirements, this date will n
Fective date is listed, the date must of filing.) If the date inserted in this block doc iment's effective date on the Depar	s not meet the applicable statutory filing requirements, this date will no
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Rective date is listed, the date must of filing.) If the date inserted in this block document's effective date on the Depart LE VI: Other provisions, if any. REQUIRED SIGNATURE:	is not meet the applicable statutory filing requirements, this date will not ment of State's records.
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