

L21000082010

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850) 617-6381

From:
Account Name : CAPITOL SERVICES, INC.
Account Number : 120160000017
Phone : (855) 498-5500
Fax Number : (800) 432-3622

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

Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
BEDROCK SOUTH DADE 268 STREET, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
COMMERCIAL
REGISTRATION SERVICES

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: BEDROCK SOUTH DADE 268 STREET, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JAY KOENIGSBERG
Name of Person
CARLTON FIELDS, P.A.
Firm/Company
700 NW 1ST AVENUE, SUITE 1200
Address
MIAMI, FLORIDA 33131
City/State and Zip Code
JKOENIGSBERG@CARLTONFIELDS.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JAY KOENIGSBERG 305 539-7333
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

2021 FEB 24 PM 10:45

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

BEDROCK SOUTH DADE 268 STREET, LLC

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

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

2800 PONCE DE LEON BLVD
SUITE 1160
CORAL GABLES, FLORIDA 33134

2800 PONCE DE LEON BLVD
SUITE 1160
CORAL GABLES, FLORIDA 33134

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:

VICTOR BROWN

Name

2800 PONCE DE LEON BLVD, SUITE 1160

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

CORAL GABLES FLORIDA 33134
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.

[Signature]
Registered Agent's Signature (REQUIRED)

(CONTINUED)

2021 Feb 24 PM 4:46

ARTICLE IV-

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

<u>Title:</u>	<u>Name and Address:</u>
AMBR = Authorized Member *MGR* = Manager	
MGR _____	STEPHEN A. BLUMENTHAL 2800 PONCE DE LEON BLVD, SUITE 1160 CORAL GABLES, FLORIDA 33134
MGR _____	VICTOR BROWN 2800 PONCE DE LEON BLVD, SUITE 1160 CORAL GABLES, FLORIDA 33134
MGR _____	DAVID BROWN 2800 PONCE DE LEON BLVD, SUITE 1160 CORAL GABLES, FLORIDA 33134
MGR _____	MICHAEL D. WOHL 2800 PONCE DE LEON BLVD, SUITE 1160 CORAL GABLES, FLORIDA 33134

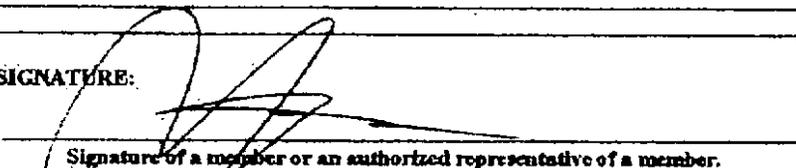
(Use attachment if necessary)

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.

VICTOR BROWN, MANAGER
Typed or printed name of signer

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)