

L21000129611

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

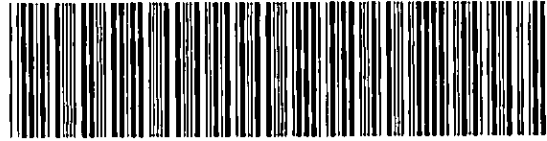
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

Office Use Only



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2021 MAR 29 PM 1:25

03/30/21--01002--008 **250.00

DB

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\$125

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

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PICK UP: 3/29 Glinda

- | | | |
|--------------------------|-----------------------|------------|
| <input type="checkbox"/> | CERTIFIED COPY | _____ |
| XX | PHOTOCOPY | _____ |
| <input type="checkbox"/> | CUS | _____ |
| XX | FILING | <u>LLC</u> |

2615 Center Avenue LLC

- (CORPORATE NAME AND DOCUMENT #)
- _____
- (CORPORATE NAME AND DOCUMENT #)
- _____
- (CORPORATE NAME AND DOCUMENT #)
- _____
- (CORPORATE NAME AND DOCUMENT #)
- _____
- (CORPORATE NAME AND DOCUMENT #)
- _____

**SPECIAL
INSTRUCTIONS:**

COVER LETTER

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

SUBJECT: 2615 Center Avenue 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:

Andrew L. Mann, Esq.

Name of Person

Mann & Wolf, LLP

Firm/Company

7800 W. Oakland Park Blvd., Suite B-104

Address

Sunrise, FL 33351

City/State and Zip Code

andrew@mannwolf.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Andrew L. Mann, Esq. 954 572-9944

Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

2615 Center Avenue 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:

4828 ASHFORD DUNWOODY ROAD
SUITE 400
ATLANTA, GA 30338

Mailing Address:

4828 ASHFORD DUNWOODY ROAD
SUITE 400
ATLANTA, GA 30338

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:

Mann & Wolf, LLP

Name

7800 W. Oakland Park Blvd., Suite B-104

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

Sunrise

FL

33351

City

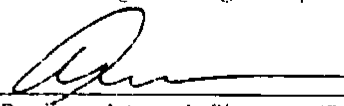
State

Zip

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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..



Registered Agent's Signature (REQUIRED)

(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:

MGR

SLN INVESTMENT PARTNERS, LLC
4328 ASHFORD DUNWOODY ROAD, SUITE 400
ATLANTA, GA 30338

(Use attachment if necessary)

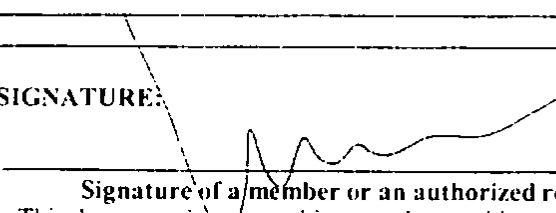
ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL)

(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.

Moshe Manoah

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)