Electronic Filing Cover Sheet

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(((H210001911743)))



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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

: NEW URBAN DEVELOPMENT Account Name

Account Number : 120200000033

: (305)696-4450

Phone

: (305)696 4455 Fax Number

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

FLORIDA LIMITED LIABILITY CO. SMA II MANAGER, LLC

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Page Count	03
Estimated Charge	\$125.00

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Help

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ARTICLE	SOF ORGANIZATION FOR	FLORIDALIMITEDIL	ABILITY COMPANY
RTICLE I - Name:	:		
e name of the Limited Liz	ability Company is:		
SMA II MANAO	GER, LLC		
(Must	contain the words "Limited	Liability Company, "L	.U.C.," or "LLC.")
TICLE II A Adminis			
RTICLE II - Address: e mailing address and ste	eet address of the principal of	effor of the Limited Lie	ability Community
The many actions and say	ter address of the principal (Mice of the Limited Ex	aounty Company is:
<u>Pri</u> i	ncipal Office Address:		Mailing Address:
	ASTOSINE		
8500 NW 25TH			W 25TH AVENUE
8500 NW 25TH MIAMI, FL 331-	47 Agent, Registered Office,	MIAM!	I, FL 33147
8500 NW 25TH MIAMI, FL 331- RTICLE III - Registered ac Limited Liability Compother business entity with	47 Agent, Registered Office,	& Registered Agent's Registered Agent. You	I, FL 33147 .
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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)

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Title: "AMBR" = Authorize "MGR" = Manager	d Member	Name and Address:	
AMBR		NEW URBAN DEVELOPMENT, LLC	
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