# L21000258631

(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



700367259207

2921 JUN - 1 AM 8: 59

RECEIVED 2: 24

Tallhassee, FL 32301 Phone: 850-558-1500 ACCOUNT NO. : I2000000195 REFERENCE: 832547 8256453 AUTHORIZATION : Simulate a man COST LIMIT : /\$\.125.00 ORDER DATE: May 26, 2021 ORDER TIME : 8:33 AM ORDER NO. : 832547-010 CUSTOMER NO: 8256453 DOMESTIC FILING CLARIDGE HOMES (3000 NAME: WATERSIDE) LLC EFFECTIVE DATE: \_ ARTICLES OF INCORPORATION \_\_\_ CERTIFICATE OF LIMITED PARTNERSHIP XX ARTICLES OF ORGANIZATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: \_\_\_ CERTIFIED COPY XX PLAIN STAMPED COPY

EXAMINER'S INITIALS:

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland - EXT.

CORPORATION SERVICE COMPANY

1201 Hays Street



### FLORIDA DEPARTMENT OF STATE Division of Corporations

June 2, 2021

CSC

FILE 1ST



SUBJECT: CLARIDGE HOMES (3000 WATERSIDE) LLC

Ref. Number: W21000079498

We have received your document for CLARIDGE HOMES (3000 WATERSIDE) LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

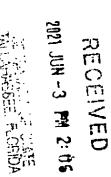
You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan Regulatory Specialist III

Letter Number: 321A00011903



## FILED

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

2021 JUN -1 AM 8: 59

SECRETARY OF STATE TALLAHASSEE, FL

#### ARTICLE 1 - Name:

The name of the Limited Liability Company is:

Claridge Homes (3000 Waterside) LLC (Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

#### ARTICLE II - Address:

The mailing address and s	treet address of the principal	office of the Limited L	iability Company is:
<u>P</u>	rincipal Office Address:		Mailing Address:
Suite 2000 - 2	10 Gladstone Avenue		
Ottawa, Ontar	io Canada K2 P O Y6		
(The Limited Liability Cor another business entity wi	ith an active Florida registrat	on Registered Agent, You	s Signature: ou must designate an individual or
The name and the Florida	street address of the register	ed agent are:	
	Corporation Service	e Company	
		Name	
	1201 Hays Street		
	Florida street addre	ess (P.O. Box <u>NOT</u> acc	eptable)
	Tallahassee	Florida	32301

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 l am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Smande & Polimin

State

City

Registered Agent's Signature (REQUIRED)

Zip

(CONTINUED)

#### ARTICLE IV-

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

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Membe	er en
"MGR" = Manager	
MGR	Subhash Malhotra
<del></del>	Suite 2000 - 210 Gladstone Avenue
	Ottawa, Ontario Canada K2 P O Y6
MGR	Neil Malhotra
	Suite 2000 - 210 Gladstone Avenue
	Ottawa, Ontario Canada K2 P O Y6
	() N
MGR	Shawn Malhotra Suite 2000 - 210 Gladstone Avenue Ottawa, Ontario Canada K2 P O Y6  CONTROL OF THE CONTROL OF TH
MOR	Suite 2000 - 210 Gladstone Avenue
	Ottawa, Ontario Canada K2 P O Y6
	Ottawa, Ottai io Canada R2 i O i O
	AS -
<del></del>	
	TA 5
	11 A 11 A 12 A 14 A 15 A 16
(Use attachment if necessary)	<b>, · · ·</b>
A DESCRIPTION OF THE SECOND OF	1 1 000
ARTICLE V: Effective date, if other than	n the date of filing: (OPTIONAL)
	ust 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 d	loes not meet the applicable statutory filing requirements, this date will not be listed as
the document's effective date on the Dep	partment of State's records.
ARTICLE VI: Other provisions, if any.	
<u> </u>	
	<u></u> .
<u>.                                    </u>	
REQUIRED SIGNATURE:	
D'0000	\ () \(\triangle \lambda \lambda \lambda \rangle \rangle \)
	J & CANUS
Signatur	e 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 thi	rd degree felony as provided for in s.817.155, F.S.
· ·	

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)