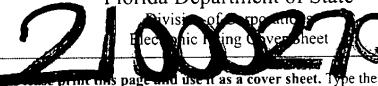
Fax: 12123791961

To: Florida DOS Fax Filling

Fax: (850) 617-6383 Division of Corporations Page: 1 of 4

06/15/2021 1:20 PM

Florida Department of State



(shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

Account Name : COGENCY GLOBAL, INC.

Account Number : I20000000088

: (800)221-0102

Fax Number

: (800)944-6607

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

Email Address:_

statrep@cogencyglobal.com

FLORIDA LIMITED LIABILITY CO.

Southwood Investors LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu

https://efile.sunbiz.org/scripts/efilcovr.exe

Corporate Filing Menu

Help

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COVER LETTER

TO: New Filing Se Division of Co				
	•		₩ .	
SUBJECT:		rood Investors LLC		_
	Name of L	imited Liability Com	рапу	
The enclosed Articles of	of Organization and fee(s)	are submitted for fili	ng.	
Please return all corresp	pondence concerning this r	natter to the followin	ıg:	
		Suri Bender		
		Name of Person		
	Law Office	es of B. David Scl	hreiber, Esq.	
		Firm/Company		
	366	Pearsall Avenue -	Suite 1	<u>.</u>
		Address		
	Ced	larhurst, New York	k 11516	. <u>-</u>
		City/State and Zip C	Code	
	E-mail address: (to be use	ed for future annual r	eport notification)	
For further information of	concerning this matter, plea	ase call:		
S	Suri Bender at (516 ₎	561-8800	_
N'a	ime of Person	Area Code Day	time Telephone Number	
Enclosed is a check for	r the following amount:			
\$125,00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filin Certified Cop (additional copy	by Certific r is enclosed) Certified	Filing Fee, ate of Status & d Copy (3) (1) (1) (2) (1) (2)
Second 19	line Adduore	Ctonnat	Address	
	ling Address Filing Section		Filing Section	, ,
	sion of Corporations		on of Corporations	5.1
	Box 6327	Clifton	n Building	영
Talla	ahassee, FL 32314		Executive Center Circle hassee, FL 32301	· · · · · · · · · · · · · · · · · · ·

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ARTICLESO	FORGANIZATION FOR I	FLORIDA LIMITI	ED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liabil	ity Company is:		
Southwood Investor	rs LLC		
(Must con	tain the words "Limited I	Liability Compan	ry, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street:	address of the principal o	ffice of the Limit	ed Liability Company is:
Princi	oal Office Address:		Mailing Address:
1276 50th Street - 5	Suite 700	13	276 50th Street - Suite 700
Brooklyn, NY 1121		В	rookiyn, NY 11219
	COGENCY GLOBA	L INC.	
	115 N. Calhoun Stre	et - Suite 4	
	Florida street addres	s (P.O. Box <u>NO</u>)	(acceptable)
	Tallahassee	FL	32301
	City	State	Zip
place designated in this certificat further agree to comply with the t	c, I hereby accept the app provisions of all statutes re	ointment as registed the project of	the above stated limited liability company at the tered agent and agrec to act in this capacity. I per and complete performance of my duties, and I nt as provided for in Chapter 605, F.S
		/s/ Kathrine	
	Regist	ered Agent's Sign	nature (REQUIRED)

(CONTINUED)

Fax: 12123791961

ARTICLE IV-

as

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4 1 1 1 D D U A		Name and Address:
	uthorized Member	
MGR" = Ma	nager	
		
		
		
V: Effectiv	ent if necessary) e date, if other than the date o	of filing: (OPTIONAL)
EV: Effective date is filling.) the date inserment's effective VI: Other p	e date, if other than the date of listed, the date must be spected in this block does not move date on the Department of rovisions, if any.	
EV: Effective date is filling.) the date insernent's effecti	e date, if other than the date of listed, the date must be spected in this block does not make the date on the Department of the date of the date.	eet the applicable statutory filing requirements, this date will not f State's records.
EV: Effective date is f filing.) the date insernent's effecti	e date, if other than the date of listed, the date must be spected in this block does not move date on the Department of rovisions, if any. SIGNATURE:	cific and cannot be more than five business days prior to or 90 eet the applicable statutory filing requirements, this date will not f State's records. /s/ Suri Bender
EV: Effective date is filling.) the date insernent's effecti	e date, if other than the date of listed, the date must be spected in this block does not move date on the Department of rovisions, if any. Signature of a mer This document is execute I am aware that any false	eet the applicable statutory filing requirements, this date will not f State's records.
E V: Effective date is filling.) the date insernent's effecti	e date, if other than the date of listed, the date must be spected in this block does not move date on the Department of rovisions, if any. Signature of a mer This document is execute I am aware that any false	cific and cannot be more than five business days prior to or 90 eet the applicable statutory filing requirements, this date will not f State's records. /s/ Suri Bender mber or an authorized representative of a member. ed in accordance with section 605.0203 (1) (b), Florida Statutes. information submitted in a document to the Department of State

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

5 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)