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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
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From:
Account Name : LEOPOLD KORN & LEOPOLD, P.A.
Account Number : I20010000025
Phone : (786)899-2235
Fax Number : (305)935-9042

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

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FLORIDA LIMITED LIABILITY CO.
CCA Ravinia, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	$125.00

SB 6/24/21

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June 23, 2021

FLORIDA DEPARTMENT OF STATE
Division of Corporations

LEOPOLD KORN & LEOPOLD, P.A.

,

SUBJECT: CCA RAVINIA, LLC
REF: W21000091084

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent must sign accepting the designation.

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

Tyrone Scott
Regulatory Specialist II
New Filings Section

FAX Aud. #: H21000243267
Letter Number: 721A00014230

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: CCA Ravinia, 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:

Melissa Sosa, RE Paralegal
Name of Person

Leopold Korn, P.A.
Firm/Company

20801 Biscayne Blvd. Suite 501
Address

Aventura, FL 33180
City/State and Zip Code

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

For further information concerning this matter, please call:

Melissa Sosa at (786) 899-2232
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

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

CCA Ravinia, 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:**
15481 SW 12th Street	15481 SW 12th Street
Suite 309	Suite 309
Sunrise, FL 33326	Sunrise, FL 33326

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:

Leopold Korn, P.A.
Name

20801 Biscayne Blvd., Suite 501
Florida street address (P.O. Box **NOT** acceptable)

Aventura	FL	33180
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..

Registered Agent's Signature (REQUIRED)

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TALLAHASSEE, FLORIDA

(CONTINUED)

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

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
Mgr	Craig S. Perry 15481 SW 12th Street, Suite 309 Sunrise, FL 33326

(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.
Any and all lawful business purposes

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.

Craig Perry
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)

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