

L21000324921

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

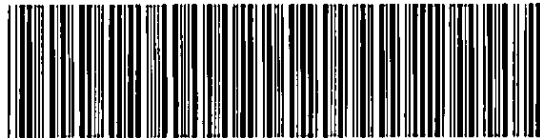
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 906047 8287610

AUTHORIZATION :

Patrick E. Moran

COST LIMIT : \$ 125.00

ORDER DATE : July 14, 2021

ORDER TIME : 8:16 AM

ORDER NO. : 906047-005

CUSTOMER NO: 8287610

DOMESTIC FILING

NAME: CFCW PROPCO HAVENDALE, 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
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland - EXT.

EXAMINER'S INITIALS: _____

COVER LETTER

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

SUBJECT: CFCW PROPCO HAVENDALE, 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:

Elisabeth N. Mills
Name of Person

Clean Streak Ventures LLC
Firm/Company

Gables International Plaza, 2655 S. Le Jeune Road, Suite 910
Address

Coral Gables, Florida 33134
City/State and Zip Code

emills@mkhpartners.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

_____ at (_____) _____
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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SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CFCW PROPCO HAVENDALE, 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:

Gables International Plaza
2655 S. Le Jeune Road, Suite 910
Coral Gables, Florida 33134

Gables International Plaza
2655 S. Le Jeune Rd., Suite 910
Coral Gables, Florida 33134

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:

Corporation Service Company
Name

1201 Hays Street
Florida street address (P.O. Box **NOT** acceptable)

Tallahassee FL 32301
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..

Corporation Service Company
By Alexis Weibnd, assistant vice president
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

Christopher Woodburn
Gables International Plaza, 2655 S. Le Jeune Rd., Suite 910
Coral Gables, Florida 33134

MGR

Andres Bethencourt
Gables International Plaza, 2655 S. Le Jeune Rd., Suite 910
Coral Gables, Florida 33134

SEE ATTACHED

SECRETARY OF STATE
TALLahassee, FL

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FILED

(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.

Christopher Woodburn

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)

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:

<u>President</u>	<u>Greg Ries</u> <u>222 South Westmonte Drive, Suite 251</u> <u>Altamonte Springs, Florida 32714</u>
<u>VP-Development</u>	<u>Steve Lipofsky</u> <u>222 South Westmonte Drive, Suite 251</u> <u>Altamonte Springs, Florida 32714</u>
<u>VP-Real Estate</u>	<u>Colin Raskin</u> <u>222 South Westmonte Drive, Suite 251</u> <u>Altamonte Springs, Florida 32714</u>
<u>Treasurer</u>	<u>Art Cordova</u> <u>222 South Westmonte Drive, Suite 251</u> <u>Altamonte Springs, Florida 32714</u>

SECRETARY OF STATE
TALLAHASSEE, FL.

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

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