

H21000353129
REQUEST ORIGINAL FILING DATE 8-3-2021

Florida Department of State
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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : SHUTTS & BOWEN, LLP
Account Number : 076447000313
Phone : (305)358-9166
Fax Number : (305)347-7766

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

Email Address: GCOhen@shutts.com

**FLORIDA LIMITED LIABILITY CO.
SHAG Hillcrest, LLC**

Certificate of Status	1
Certified Copy	1
Page Count	01
Estimated Charge	\$160.00

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

ARTICLE I - Name

The name of the Limited Liability Company is:

SHAG HILLCREST, LLC

ARTICLE II - Address

The street address of the principal office of the Limited Liability Company is:

1100 NW 4th Avenue,
Delray Beach, FL 33444

The mailing address of the principal office of the Limited Liability Company is:

1100 NW 4th Avenue,
Delray Beach, FL 33444

ARTICLE III - Registered Agent and Office

The name and street address of the initial registered agent of the Limited Liability Company are:

CORPORATION COMPANY OF MIAMI
200 S. Biscayne Blvd
Suite 4100 (GJC)
Miami, Florida 33131

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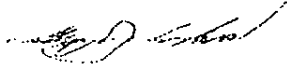
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REGISTERED AGENT ACCEPTANCE

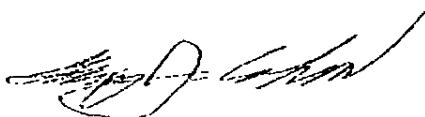
Having been named as registered agent to accept service of process for the above-stated limited liability company at the address designated in the Articles of Organization, the undersigned hereby agrees to act in this capacity, and further agrees to comply with the provisions of all statutes relative to the proper and complete performance of its duties and is familiar with and accepts the obligations of its position as registered agent, as provided for in Chapter 605, Florida Statutes.

Date: August 3, 2021

CORPORATION COMPANY OF MIAMI,
a Florida corporation

By: 
Name: Gary J. Cohen
Title: Vice President

IN WITNESS WHEREOF, the undersigned has signed these Articles of Organization this 3rd day of August, 2021.



Gary J. Cohen, Authorized Representative

(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 Florida Department of State constitutes a third-degree felony as provided for in Section 817.155, Florida Statutes.)

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