

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H22000009341 3)))



H220000093413ABCV

**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

From:

Account Name : CAPITOL SERVICES, INC.  
Account Number : I20160000017  
Phone : (855)498-5500  
Fax Number : (800)432-3622

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

Email Address: \_\_\_\_\_

**FLORIDA LIMITED LIABILITY CO.  
KAYLA AT NORTH MIAMI, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

2021 JAN -7 PM 12:11  
TALLAHASSEE, FLORIDA  
FLORIDA DEPARTMENT OF STATE

FILED

H22000009341 3

**COVER LETTER**

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

**SUBJECT:** KAYLA AT NORTH MIAMI, 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:

VICTOR BROWN

Name of Person

C/O CORAL ROCK DEVELOPMENT

Firm/Company

2800 Ponce De Leon Blvd., Suite 1160

Address

Coral Gables, Florida 33134

City/State and Zip Code

vbrown@coralrockgroup.com

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

For further information concerning this matter, please call:

Victor Brown	305	270-2228 x101
at (	)	
Name of Person	Area Code	Daytime Telephone Number

Enclosed is a check for the following amount:

<input type="checkbox"/> \$125.00 Filing Fee	<input type="checkbox"/> \$130.00 Filing Fee & Certificate of Status	<input type="checkbox"/> \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	<input type="checkbox"/> \$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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2021 JAN -7 PM 12:11

FILED

H22000009341 3

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

KAYLA AT NORTH MIAMI, 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:2800 Ponce De Leon Blvd., Suite 1160  
Coral Gables, Florida 33134Mailing Address:2800 Ponce De Leon Blvd., Suite 1160  
Coral Gables, Florida 33134

## ARTICLE III - Registered Agent, Registered Office, &amp; 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:

Victor Brown

Name

2800 Ponce De Leon Blvd., Suite 1160Florida street address (P.O. Box **NOT** acceptable).Coral GablesFlorida33134

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)

(CONTINUED)

SECRETARY OF STATE  
TALLAHASSEE  
FLORIDA

2021 JAN -7 PM 12:11

FILED

H22000009341 3

**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

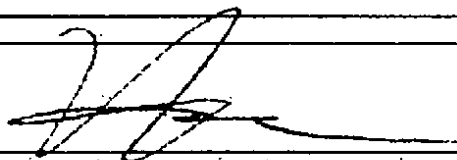
"MGR" = Manager

MGRVICTOR BROWN2800 Ponce De Leon Blvd., Suite 1160Coral Gables, Florida 33134MGRSTEPHEN A. BLUMENTHAL2800 Ponce De Leon Blvd., Suite 1160Coral Gables, Florida 33134MGRMICHAEL WOHL2800 Ponce De Leon Blvd., Suite 1160Coral Gables, Florida 33134MGRDAVID BROWN2800 Ponce De Leon Blvd., Suite 1160Coral Gables, Florida 33134

(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.

VICTOR BROWN

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)

2021 JAN -7 PM 12:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED