L22000221150

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name) (Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer: 25C ACCIONAL PROPERTY OF THE PROPERTY

Office Use Only

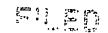


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COVER LETTER

TO:	New Filing Sec Division of Cor				
SUBJE	MGF La P	laya LLC			
3000		Name of Lim	ited Liabili	ity Company	
The en	closed Articles of	Organization and fee(s) are	submitted	for filing.	
Please	return all correspo	ondence concerning this man	tter to the f	ollowing:	
	Yehuda Frid	1			
		-	Name of	Person	
	George D. F	- Perlman			
	 -		Firm/Co	mpany	· · · · · · · · · · · · · · · · · · ·
	1441 Bricke	ell Ave, Suite 1400			
		<u>,</u>	Addr	ess	
	Miami, FL 3	3131			
	 .		ty/State an	d Zip Code	
	yehuda@gpl				
	ì	E-mail address: (to be used	for future a	innual report notificati	on)
For furth	er information co	ncerning this matter, please	call:		
	Yehuda Frid	30: at (3745646	
	Nam		ca Code	Daytime Telephone	e Number
Enclos	ed is a check for the	he following amount:			
□\$12:	5.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Centifi	5.00 Filing Fee & ed Copy al copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailin	g Address		Street Address	
	New F	iling Section		New Filing Section Di	
		on of Corporations ox 6327		The Centre of Tallaha 2415 N. Monroe Stree	
		ox 6327 assee, FL 32314		Tallahassee, FL 3230	•

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY



ARTICLE 1 - Name:

The name of the Limited Liability Company is:

2022 MAY 20 AM 9: 53

MGF La Playa LLC	
(Must conatin the words "Limited Liability Co	mpany, "L.L.C." or "LLC.") 76 1.2 (AS55 1.2)
ARTICLE II - Address: The mailing address and street address of the principal office of the	Limited Liability Company is:
Principal Office Address:	Mailing Address:

1441 Brickell Ave, Suite 1400

Miami, FL 33131

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:

1441 Brickell Ave, Suite 1400

Miami, FL 33131

George D. Perlman	n P.A.	
	Name	
1441 Brickell Ave,	Suite 1400	
Florida street addres	is (P.O. Box <u>NOT</u> ac	rceptable)
Miami	FL	33131
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. Thereby 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)

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	Manuel Grosskopf 1441 Brickell Ave, Suite 1400 Miami, FL 33131
	, Name 11, 1 2 00 10 1
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(Use attachment if necessary)	CONTINUE (CONTINUE)
CLE V: Effective date, if other than the date effective date is listed, the date must be ate of filing.) If the date inserted in this block does not be be determined by the date on the Department.	ate of filing: 05/19/2022 (OPTIONAL) specific and cannot be more than five business days prior to or 90 days or meet the applicable statutory filing requirements, this date will not be li nt of State's records.
CLE V: Effective date, if other than the date effective date is listed, the date must be ate of filing.)	specific and cannot be more than five business days prior to or 90 days or meet the applicable statutory filing requirements, this date will not be li
CLE V: Effective date, if other than the date effective date is listed, the date must be ate of filling.) If the date inserted in this block does no occument's effective date on the Department.	specific and cannot be more than five business days prior to or 90 days or meet the applicable statutory filing requirements, this date will not be li
CLE V: Effective date, if other than the date effective date is listed, the date must be late of filling.) If the date inserted in this block does not be be determined by the date on the Department's effective date on the Dep	specific and cannot be more than five business days prior to or 90 days or meet the applicable statutory filing requirements, this date will not be li

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)