

Florida Department of State Division of Corporations

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

From:

To:

Account Name : ROLAND SANCHEZ-MEDINA JR.,P.A. Account Number : I20030000135 Phone : (305)377-1000 Fax Number : (855)327-0391

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

Email Address: roland@smgqlaw.com

FLORIDA LIMITED LIABILITY CO.



US Multifamily Asset Management LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

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ARTICLES OF ORGANIZATION FOR

US MULTIFAMILY ASSET MANAGEMENT LLC

ARTICLE 1 - NAME

The name of the limited liability company shall be US MULTIFAMILY'A SYPT MANAGEMENT LLC (the "Company").

ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the Company shall be 1200 Brickell Avenue, Suite 950, Miami, Florida 33131, Attn: Roland Sanchez-Medina, Jr.

ARTICLE III - REGISTERED OFFICE AND AGENT

The name and street address of the registered agent of the Company in the State of Florida is: Registered Corporate Services LLC, 1200 Brickell Avenue, Suite 950, Miami, Florida 33131, Attn: Roland Sanchez-Medina, Jr.

Having been named as registered agent and to accept service of process for the above-stated 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 of registered agent as provided for in Chapter 605, F.S.

Registered Corporate Services, LLC

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Roland Sanchez-Medina Ir., as authorized representative

(In accordance with section 605.0203 (1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

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

From: Cairie Ramos, FRP, Paralegal PLEASE FAX CONFIRMATION TO 407 244-5690 Account Name : GRAYROBINSON, P.A. - ORLANDO Account Number : I20010000078 Phone : (407)843-8880 Fax Number : (407)244-5690

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

Email Address: jay.brennan@gray-robinson.com

FLORIDA LIMITED LIABILITY CO. Call You Later, LLC		
Certificate of Status	0	
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I Name

The name of this Limited Liability Company is:

Call You Later, LLC

ARTICLE II Address

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

301 E. Pine Street, Suite 1400 Orlando, Florida 32801

ARTICLE III Management

This Limited Liability Company is to be managed by one or more managers and is, therefore, a "manager-managed" limited liability company.

ARTICLE IV Initial Board of Managers

This Limited Liability Company shall have one (1) manager initially. The number of managers may be either increased or decreased from time to time in accordance with the Operating Agreement of this Limited Liability Company, but shall never be less than one.

The name and address of the initial manager of this Limited Liability Company are as follows:

Name

Street Address

George K. Griffey, Jr.

301 E. Pine Street Suite 1400 Orlando, Plorida 32801

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ARTICLE V Registered Agent, Registered Office & Registered Agent's Signature

The name and the Florida street address of the Registered Agent of this Limited Liability Company is:

John M. Brennan 301 E. Pine Street, Suite 1400 Orlando, Florida 32801

Having been named as registered agent to accept service of process for this limited liability company at the place so designated in these Articles of Organization, I hereby accept this appointment and agree to serve this Limited Liability Company in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performs 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.

MAR
REGISTERED AGENT'S SIGNATURE
San Young
AUTHORIZED REPRESENTATIVE'S SIGNATURE

(In accordance with section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

<u>George K. Griffey, Jr., AUTHORIZED REPRESENTATIVE</u> Type or printed name of signee

> FILING FEES: \$100.00 Filing Fee for Articles of Organization \$25 00 Designation of Registered Agent \$30.00 Certified Copy (OPTIONAL) \$5.00 Certificate of Status (OPTIONAL)