3000238347

	(Requestor's Name)
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	(Address)
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<u> </u>	(Business Entity Name)
	(Document Number)
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	Office Use Only







Office Use Only

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

•____•_

ACCOUNT NO. : I2000000195

AUTHORIZATION :

_ _ _ _ _ _ _ _ _ _

REFERENCE: 751689 7247594 COST LIMIT : \$ 125.00

- ORDER DATE : May 15, 2023
- ORDER TIME : 2:35 PM
- ORDER NO. : 751689-005
- CUSTOMER NO: 7247594

DOMESTIC FILING

NAME : EBFT SOUTH FLORIDA PROPERTY, LLC

EFFECTIVE DATE:

____ ARTICLES OF INCORPORATION ____ CERTIFICATE OF LIMITED PARTNERSHIP XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- ___ CERTIFIED COPY
- PLAIN STAMPED COPY XX___
- CERTIFICATE OF GOOD STANDING
- CONTACT PERSON: Alexxis Weiland-sorenson EXT.

EXAMINER'S INITIALS:

COVER LETTER

TO: New Filing Section Division of Corporations

SUBJECT: _____

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:

Dean Shelton

Name of Person

Bayat Group

Firm/Company

220 Ponte Vedra Park, Suite 220

Address

Ponte Vedra Beach, Florida 32082

City/State and Zip Code

d.shelton@tsiglobe.com

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

For further information concerning this matter, please call;

Dean Sheiton	904	686-1470
	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)

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<u>Mailing Address</u> New Filing Section Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Street Address New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

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The name of the Limited Liability Company is:

EBFT SOUTH FLORIDA PROPERTY, LLC

(Must conatin 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:	23 H	
220 Ponte Vedra Park Drive, Suite 220 Ponte Vedra Beach, Florida 32082	220 Ponte Vedra Park Drive, Suite 220 Ponte Vedra Beach, Florida 32082	 el and	ן (יידידי יידידי
ARTICLE III - Registered Agent, Registered Office, & Registe (The Limited Liability Company cannot serve as its own Registere another business entity with an active Florida registration.) The name and the Florida street address of the registered agent are	d Agent. You must designate an individual or	 PH 12: 25	";]
Dean Shelton			
Name			
220 Ponte Vedra Park Drive S	uiu= 220		

<u>.</u>

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220 Ponte Vedra Park Drive, Suite 220 Florida street address (P.O. Box NOT acceptable)

Ponte Vedra BeachFL32082CityStateZip

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, 1 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 w Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

۰.

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 2023 HAY C_{i} Dean Shelton 220 Ponte Vedra Park Drive, Suite 220 Ponte Vedra Beach, Florida 32082 MGR • 3 : • ວ່ Ehsanollah Bayat 2008 Family Trust 220 Ponte Vedra Park Drive, Suite 220 Ponte Vedra Beach, Florida 32082 AMBR PH 12: 5. 25 70

(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.

<u>reo</u> i	IRED SIGNATURE:
	Signiture 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.
	Kevin M, Kilcullen, Authorized Repreentative
	Typed or printed name of signce
	Filing Fees:
\$125	.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30	0.00 Certified Copy (Optional)
S 5	.00 Certificate of Status (Optional)