Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (954)208-0845 Fax Number : (614)573-3996

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

| Email Address:lindsay@missionbaycp.com |  |
|--|--|
|--|--|

# FLORIDA LIMITED LIABILITY CO. MBCP MODEL TOBACCO LOFTS LLC

| Certificate of Status | ()       |
|-----------------------|----------|
| Certified Copy        |          |
| Page Count            | 0.3      |
| Estimated Charge      | \$155,00 |



Electronic Filing Menu — Corporate Filing Menu

Help

#### A CLEEK LISTER ORGANIZATION FOR FLORIDALIMITED LIABILITY COMPANY

#### ARTICLE I - Name:

The name of the Limited Liability Company is:

## MBCP Model Tobacco Lofts LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC")

# ARTICLE II - Address:

3102 Cape

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

| Principal Office Address: | Mailing Address:   |
|---------------------------|--------------------|
| NW 42nd Place             | 3102 NW 42nd Place |
| : Coral                   | Cape Coral         |
| 2002                      | UL 22002           |

## ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Linbillity 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.

| •                           | V 7.1                              |            |  |
|-----------------------------|------------------------------------|------------|--|
| 1200 South Pine Island Road |                                    |            |  |
| Black to record orlide      | ess (P.O. Box <u>NOT</u> acc       | aniables   |  |
| FJOHUA SIFCEI AGUI          | ess (1 xx, 1mx <del>xxx1</del> acc | epitatiie) |  |
| Plantation                  | Florida                            | 33324      |  |

Having been named as registered agent and to accept service of process for the above stated limited liability companys (the place designated in this certificate. Thereby accept the appointment as registered agent and agree to act in \$615 tapacity. 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 a Chapter 605.1-8

C.T.Corporation System

By: Ruchel O Connor, Assistant Secretary Registered Agent's Signature 3 Fg to 115.

11811111111



# ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

| <u>Title:</u>   | Name and Address:   |
|---|---|
| "AMBR" = Authorized<br>"MGR" = Manager  | Member  |
| MGR   | Lisa Schmidt  |
|   | 3102 NW 42nd Place<br>Cape Coral FL 33993   |
|   |   |
| MGR   | Daniel Woodford<br>7373 Atlas Walk Way Ste 213  |
|   | Gainesville, VA 20155   |
|   |   |
|   |   |
|   |   |
|   |   |
|   |   |
|   |   |
|   |   |
| (Use attachment if neces  | sary)   |
| (If an effective date is listed, the the date of filing.) <u>Note:</u> If the date inserted in this | her than the date of filing:  |
|   |   |
| ARTICLEVI: Other provisions, i  | fany.   |
|   |   |
|   |   |
| REOFTREDSIGNATI   |   |
|   | N THE COST  |
| This do<br>I am aw  | gnature of a member or an authorized representative of a member, rument is executed in accordance with section 605.0203 (1) (b), Florida Statutes, are that any talse information submitted in a document to the Department of State tes a third degree felony as provided for in s.817.155, F.S. |
| _   | Daniel Woodford   |
| _   | Typed or printed name of (), , , c:   |

# Filing Falser

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- S 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)