L23000376906

(1)	Requestor's Name)	
	Address)	
·	,	
(/	Address)	
((City/State/Zip/Phone #)	
•		
PICK-UP	☐ WAIT	MAIL
	Business Entity Name)	
(1	Susiness Entity (Varie)	
(1)	Document Number)	
Certified Copies	Cartificates of	Status
Certified Copies	Certificates of	Status
Special Instructions to F	ilina Officer:	

Office Use Only



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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301

P: 866.625.0838 F: 866.625.0839

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Account#: I20000000088

Date:	08/09/2023	
Name:	Chris Vick	
Reference	#:2090670	
Entity Name	e: SOUTH DADE APAR	TMENTS MEMBER, LLC
✓ Artic	les of Incorporation/Authorization t	o Transact Business
Ame	endment	
☐ Char	nge of Agent	
☐ Rein	estatement	
Conv	version	
☐ Merg	ger	
☐ Diss	olution/Withdrawal	
☐ Fictit	tious Name	
✓ Othe	erCERTIFIED	COPY UPON FILING
Authorized Signature:	Amount: \$155,00	

F: 800.944.6607



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301

P: 866.625.0838 F: 866.625.0839

COGENCYGLOBAL.COM

Account#: I20000000088

Date:	08/09/2023	
Name:	Chris Vick	
Reference #:	2090670	_
Entity Name:	SOUTH DADE APAR	RTMENTS MEMBER, LLC
✓ Article	es of Incorporation/Authorization	to Transact Business
Amen	dment	
☐ Chang	ge of Agent	
Reins	tatement	
Conve	ersion	
☐ Merge	er	
Disso	lution/Withdrawal	
Fictition	ous Name	
✓ Other	CERTIFIE	COPY UPON FILING
Authorized A	mount: \$155.00	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LABILITY COMPANY.

AKIK 12.3(7)	ORDA DATIONIO	X11131G17 (12(4)1111;	D12 (DR21) CO (11/1/1)	
ARTICLE I - Name: The name of the Limited Liabiti	ty Company is:			
	South Dade	e Apartments Men	nber, ŁLC	
(Must cont	ain the words "Limited	d Liability Company	; "E.L.C.," or "E.E.C.,")	
ARTICLE II - Address:				
The mailing address and street a	ddress of the principal	office of the Limite	d Liability Company is:	
<u>Princip</u>	al Office Address:		Mailing Addres	<u>v</u> :
800 8	Fairway Drie		800 Fairway Drive	
S	uite 291		Suite 291	
Deefield I	Beach, FL 33441		Deefield Beach FL 33	441
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a The name and the Florida street:	cannot serve as its own ective Florida registrati	n Registered Agent, on.)	-	idual or
	C	urtis Hamlin, Esc	l.	
		Name	·	
	1205 Manal	ee Avenue West		
	Horida street addre	ss (P.O. Box <u>SOT</u>)	icceptable)	
	Bradenton	FL	32301	
	City	State	Zip	

Having been rained 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 a Chapter 605, E.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

s date will no
er. rida Statutes
er.
er. rida Statutes

ARTICLE IV-

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