

L24XXXU99323

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

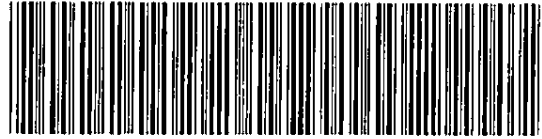
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400421347894

FILED

2024 FEB 29 PM 1:37  
SECRETARY OF STATE  
TALLAHASSEE, FL

RECEIVED

2024 FEB 29 AM 11:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

A



CSC - Tallahassee  
1201 Hays Street  
Tallahassee, FL 32301-2607  
850-558-1500, Ext:

FILE 1ST

To: Department Of State, Division Of Corporations  
From: Shauna Godbolt  
Ext:  
Date: 02/29/24  
Order #: 1440367-2  
Re: RRPVI Las Olas FTL PE GP LLC  
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Certificate of Formation/Incorporation

Amount to be deducted from our State Account: \$125.0 - FL State Account Number:

I20000000195

auth

Please take the following action:

File in your office on basis

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

FILED  
2024 FEB 29 PM 1:37  
SECRETARY OF STATE  
TALLAHASSEE, FL

**COVER LETTER**

**TO: New Filing Section  
Division of Corporations**

**SUBJECT:** RRPVI Las Olas FTL PE GP LLC  
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:

Karen D. Geller

Name of Person

RAM Realty Advisors

Firm/Company

4801 PGA Boulevard

Address

Palm Beach, Florida 33418

City/State and Zip Code

kgeller@ramrealestate.com

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

For further information concerning this matter, please call:

Karen G. Geller

561

282-4606

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)

**Mailing Address**

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

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

2024 FEB 29 PM 1:39  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

RRPVI Las Olas FTL PE GP LLC

(Must contain 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:

4801 PGA Boulevard

same

Palm Beach, Florida 33418

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:

Corporation Service Company

Name

1201 Hays Street

Florida street address (P.O. Box **NOT** acceptable)

Tallahassee

FL

32301

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, 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 as registered agent as provided for in Chapter 605, F.S.*

Corporation Service Company

By

Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED  
2024 FEB 29 PM 1:37  
SECRETARY OF STATE  
TALLAHASSEE, FL

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

AMBR

Karen D. Geller

4801 PGA Boulevard

Palm Beach, Florida 33418

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: February 28<sup>th</sup> 2024. (OPTIONAL)

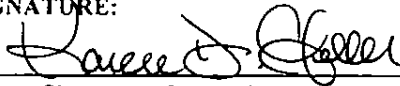
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED SIGNATURE:**



Signature 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.

Karen D. Geller (Authorized Representative of a Member)

Typed or printed name of signee

2024 FEB 29 PM 1:37  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED

**Filing Fees:**

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)