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	CERTIFIED COPY		
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COVER LETTER

	New Filing Sec Division of Cor					
SUBJEC		ll Lofts, LLC				
SOBJEC	· · · · · · · · · · · · · · · · · · ·	Name of Lim	iited Liabili	ty Company	4, 2,	
The enclo	osed Articles of	Organization and fee(s) are	submitted	for filing.		
Please re	turn all correspo	ondence concerning this ma	tter to the f	ollowing:		
	Holly Collin	s-Garcia				
			Name of	Person		
			Firm/Co	npany		
	101 South 1	2th Street, Suite 101				
			Addre	ess		
	Tampa, FL	33602				
	holly@wired		ity/State and	i Zip Code		
		E-mail address: (to be used	for future a	nnual report notificati	ion)	
For further		ncerning this matter, please		,	,	
	Joseph P. Co		13	467-8900	202	
	Nam	at (at (at)	rea Code	Daytime Telephon		·
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■3 120.0	00 Filing Fee	□\$130.00 Filing Fcc & Certificate of Status	Certifi	5.00 Filing Fee & ed Copy al copy is enclosed)	S160.00:Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed	j
	<u>Mailir</u>	ng Address		Street Address		

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

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

SC Mitchell Lofts, LLC	
(Must contain the words "Limited Liab	oility Company, "L.L.C.," or "LLC.")
E II - Address: ig address and street address of the principal office	e of the Limited Liability Company is:
g address and street address of the principal office	, ,
	e of the Limited Liability Company is: <u>Mailing Address</u>
g address and street address of the principal office	

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:

Johnson Pope Boke	or Ruppel &Burns, U	_P
	Name	
400 North Ashley I	Drive, Suite 3100	
Florida street addre	ess (P.O. Box <u>NOT</u> ac	cceptable)
Tampa	FL.	33602
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.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

4	RT	II'N	П	IV_{-}

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		
_	11 11 0 11 0 ·	
<u>MGR</u>	Holly Collins-Garcia 101 South 12th Street, Suite 101	
	Tampa, FL 33602	
EVP	Javier Garcia 101 South 12th Street, Suite 101	
	Tampa, FL 33602	
(Use attachment if necessary)		
ARTICLE V: Effective date, if other than to	he date of filing: (OPTIONAL)	
(If an effective date is listed, the date must	t be specific and cannot be more than five business days prior to or 90 da	ays after
the date of filing.) Note: If the date inserted in this block doe	es not meet the applicable statutory filing requirements, this date will not be	a listad s
the document's effective date on the Depar	rtment of State's records.	e nsieu a
·		
ARTICLE VI: Other provisions, if any.		
		
REOUIRED 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 a	ny false information submitted in a document to the Department of State	'n
constitutes a triffu	degree felony as provided for in s.817.155, F.S.	ويستنا
Joseph P.	Covelli	1
	Typed or printed name of signee	السائل

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