

U5000028805

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

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MAIL

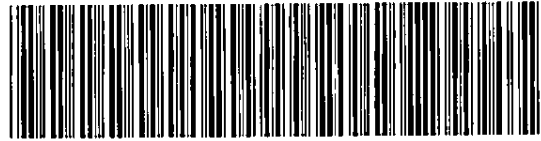
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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	CERTIFIED COPY	_____		
XX	PHOTOCOPY	_____		
	CUS	_____		
XX	FILING	LLC		
1.	<u>NADLAN AT 12TH STREET, LLC</u>	_____		
	(CORPORATE NAME AND DOCUMENT #)			
2.	_____	_____		
	(CORPORATE NAME AND DOCUMENT #)			
3.	_____	_____		
	(CORPORATE NAME AND DOCUMENT #)			
4.	_____	_____		
	(CORPORATE NAME AND DOCUMENT #)			
5.	_____	_____		
	(CORPORATE NAME AND DOCUMENT #)			
6.	_____	_____		
	(CORPORATE NAME AND DOCUMENT #)			

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SPECIAL INSTRUCTIONS: _____

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Nadlan at 12th Street, 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:

Emilia R. Akridge
Name of Person
Crown Holdings Group, LLC
Firm/Company
4243 Dunwoody Club Drive, Suite 200
Address
Atlanta, GA 30350
City/State and Zip Code
sara@manouahfamily.com
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Emilia R. Akridge 770 391-1233
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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Nadlan at 12th Street, 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:

2920 NE 207 Street, #1009
Aventura, FL 33180

1742 Mount Vernon Road, Suite 300
Atlanta, GA 30338

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:

Avi Manoah

Name

2920 NE 207 Street, #1009

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

Aventura

FL

33180

City

State

Zip

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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.

Avi Manoah

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE 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

MGR

Avi Manoah
2920 NE 207 Street, #1009
Aventura, FL 33180

AR

Emilia R. Akridge
4243 Dunwoody Club Drive, Suite 200
Atlanta, GA 30350

AR

Sara Manoah
1742 Mount Vernon Road, Suite 300
Atlanta, GA 30338

(Use attachment if necessary)

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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

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.

Emilia R. Akridge

Typed or printed name of signee

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)