

CT CORPORATION SYSTEM

CORPORATION(S) NAME

**L0100 0005606**

Palmetto Mobile Home Park, LLC

000003992070--7

~~04/11/01~~ 01042--029

\*\*\*\*125.00 \*\*\*\*125.00

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Profit              | <input type="checkbox"/> Amendment              | <input type="checkbox"/> Merger             |
| <input type="checkbox"/> Nonprofit           |   |   |
| <input type="checkbox"/> Foreign             | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark               |
|  | <input type="checkbox"/> Reinstatement          |   |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report          | <input type="checkbox"/> Other              |
| <input checked="" type="checkbox"/> LLC      | <input type="checkbox"/> Name Registration      | <input type="checkbox"/> Change of RA       |
|  | <input type="checkbox"/> Fictitious Name        | <input type="checkbox"/> UCC                |
| <input type="checkbox"/> Certified Copy      | <input type="checkbox"/> Photocopies            | <input type="checkbox"/> CUS                |
| <input type="checkbox"/> Call When Ready     | <input type="checkbox"/> Call If Problem        | <input type="checkbox"/> After 4:30         |
| <input checked="" type="checkbox"/> Walk In  | <input type="checkbox"/> Will Wait              | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out            |   |   |

01 APR 11 PM 12:45  
RECEIVED

Name \_\_\_\_\_  
Availability \_\_\_\_\_  
Document \_\_\_\_\_  
Examiner \_\_\_\_\_  
Updater \_\_\_\_\_  
Verifier \_\_\_\_\_  
W.P. Verifier \_\_\_\_\_

4/11/01

Order#: 4056421

Ref#: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

RECEIVED  
01 APR 11 PM 12:14  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

660 East Jefferson Street  
Tallahassee, FL 32301  
Tel. 850 222 1092  
Fax 850 222 7615

*Handwritten initials and date:*  
4-11-01

**ARTICLES OF ORGANIZATION FOR PALMETTO MOBILE HOME PARK, LLC**

**ARTICLE I – Name:**

The name of the Limited Liability Company is: Palmetto Mobile Home Park, LLC

**ARTICLE II – Address:**

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

2121 N.W. 29<sup>th</sup> Court  
Fort Lauderdale, FL 33311

**ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature:**

The name and the Florida street address of the registered agent are:

Davis and Bellinson, LLC  
Name

MD00000001535

2121 N.W. 29<sup>th</sup> Court  
Florida street address (P.O. Box **NOT** acceptable)

Fort Lauderdale, FL 33311  
City, State, and 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 608, F.S.*

Davis and Bellinson, LLC

Howard Gold, Authorized Agent  
Registered Agent's Signature

**ARTICLE IV – Management (Check box if applicable.)**

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager-managed company.

(An additional article must be added if an effective date is requested)

01/11/11 PM 1:41  
STATE OF FLORIDA  
DEPARTMENT OF REVENUE

**ARTICLE V – Duration**

The Company's existence shall commence upon the filing of these Articles with the Florida Secretary of State and the Company's existence shall be perpetual unless: (i) otherwise agreed to by the members in the Operating Agreement of the Company as same may be amended from time to time; or (ii) dissolved by the members pursuant to the Operating Agreement of the Company as same may be amended from time to time.

Howard Gold, Authorized Representative  
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Howard Goldman  
Typed or printed name of signee

**FILING FEES:**

- \$100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (OPTIONAL)
- \$ 5.00 Certificate of Status (OPTIONAL)

01/20/11 PM 12:44  
ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED  
DATE 01/20/11 BY 60322/UC/STP/STP