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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)205-0383

From: Account Name : ANSBACHER & SCHNEIDER, PA
Account Number : 072647001172
Phone : (904) 296-0100
Fax Number : (904) 296-2842

DIVISION OF CORPORATION

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RECEIVED

LIMITED LIABILITY COMPANY

County Square Acquisition, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FILED

Handwritten initials and date: 6-11-11

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:
COUNTY SQUARE ACQUISITION, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:
Old Mill Plaza, Suite A, 2100 Highway 35, Sea Girt, NJ 08750

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Lewis Ansbacher, Esquire
Name
c/o Ansbacher & Schneider, 5150 Belfort Road South
Florida street address (P.O. Box **NOT** acceptable)
Jacksonville FL 32256
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.

By: 
Registered Agent's Signature

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

Alan N. Escott
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.)

Alan N. Escott, Authorized Representative
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)

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TALLAHASSEE, FLORIDA

APPROVE
AND
FILE