

L041000012965

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H04000035034 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From: Account Name : BROAD AND CASSEL (BOCA RATON)
Account Number : 076376001555
Phone : (561)483-7000
Fax Number : (561)218-8960

04 FEB 17 AM 10:56
RECEIVED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
04 FEB 17 PM 5:48
DIVISION OF CORPORATION

APPROVED
AND
FILED

LIMITED LIABILITY COMPANY

LAKE BUENA VISTA RESORT, LLC

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

Electronic Filing Menu

Corporate Filing

Public Access Help

JB
2-18-04

Fax Audit Number: H04000035034 3

**ARTICLES OF ORGANIZATION
OF
LAKE BUENA VISTA RESORT, LLC**

The undersigned does hereby subscribe to, acknowledge and file the following Articles of Organization for the purpose of creating a limited liability company under the laws of the State of Florida.

ARTICLE I

The name of this limited liability company shall be: LAKE BUENA VISTA RESORT, LLC.


ARTICLE II

The mailing address and street address of the principal office of the limited liability company shall be 1725 University Drive, Suite 450, Coral Springs, Florida 33071, with the privilege of having its offices and branch offices at other places within or without the State of Florida.

ARTICLE III

The initial registered office of this limited liability company is 7777 Glades Road, Suite 300, Boca Raton, Florida 33434. The initial registered agent at that address is David J. Powers, P.A.

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization this 17th day of February, 2004.



David J. Powers, Authorized
Representative of Member

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
04 FEB 17 AM 10:56

APPROVED
AND
FILED

Fax Audit Number: H04000035034 3

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 608.415, Florida Statutes, the undersigned limited liability company submits the following statement in designating the registered office/registered agent, in the State of Florida.

FIRST -- The name of the limited liability company is LAKE BUENA VISTA RESORT, LLC.

SECOND -- The name and address of the registered agent and office is:

David J. Powers, P.A.
7777 Glades Road
Suite 300
Boca Raton, Florida 33434

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.

Dated this 17th day of February, 2004.

David J. Powers, P.A., a Florida professional service corporation, as Registered Agent

By: 
David J. Powers, President

04 FEB 17 AM 10:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED