

Florida Department of State Division of Corporations Public Access System

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RECEIVED	05 AUG 31 PH 3: 21.	VISION OF CORPORATION	PLS. NOTE THAT THIS ENTITY WILL BE Division of Corporations the General Partner of Two (2) Fax Number: (850)205-0383 Limitel partnerships being Formed TDDAY. PSL TOWN CENTER NORTH THE Account Name: BROAD AND CASSEL (BOCA RATON) GROUP, LTD. AND PSL Account Number: 076376001555 Phone: (561)483-7000 Fax Number: (561)218-8960 TDWN EENTER NORTH THE WE AFEED FOR THE TWO PARTNERSHIPS TO RICEIVE a FILING MATE OF TOPAY.
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LIMITED LIABILITY COMPANY

PSL TOWN CENTER 2005 - NORTH GP, LLC

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ARTICLES OF ORGANIZATION

OF

PSL TOWN CENTER 2005 - NORTH GP, 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: PSL Town Center 2005 - North GP, LLC.

ARTICLE II

The mailing address and street address of the principal office of the limited liability company shall be \$15 Colorado Avenue, Suite 101, Port St. Lucie, Florida 34994, 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 \$15 Colorado Avanua, Suite 101, Port St. Lucie, Florida 34994. The initial registered agent at that address is Max Shapiro.

ARTICLE IV

This limited liability company will be a manager-managed company.

ARTICLE V

This limited liability company shall commence its existence as of the execution hereof on August 30, 2005, and shall exist perpetually thereafter unless sooner dissolved.

. IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization this $30^{\rm th}$ day of August, 2005.

Max Shapiles Adjustized Representative

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 608.415; Florida Strates, 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 PSL Town Center 2005 - North GP, LLC.

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

Max Shapiro 815 Colorado Avenue Suite 101 Port St. Lucie, Florida 34994

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 30th day of August, 2005.

Mex Shared Registered Agent

173651

Pax Audit Number: <u>H05000208347 3</u>.

DIVISION OF CORPORATION