

**L07000120563**

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : C T CORPORATION SYSTEM  
Account Number : PCA000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5926

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

**Lake Point Phase I LLC**

|                       |          |
|-----------------------|----------|
| Certificate of Status | 0        |
| Certified Copy        | 0        |
| Page Count            | 03       |
| Estimated Charge      | \$125.00 |

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Corporate Filing Menu

Help

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

LAKE POINT PHASE I LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.")

**ARTICLE II - Address:**

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

**Principal Office Address:**

3160 FAIRLINE FARMS ROAD  
WELLINGTON, FLORIDA 33414  
Attention: Harry Russbridge

**Mailing Address:**

3160 FAIRLINE FARMS ROAD  
WELLINGTON, FLORIDA 33414  
Attention: Harry Russbridge

**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:

C T Corporation System  
Name  
1200 South Pine Island Road  
Florida street address (P.O. Box ~~NOT~~ acceptable)  
Plantation, Florida 33324  
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.

C T Corporation System  
*Anthony LiCausi*  
Registered Agent's Signature (REQUIRED)

*Anthony LiCausi*  
Vice President

*Anthony LiCausi*  
Vice President

(CONTINUED)  
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**ARTICLE IV- Manager(s) or Managing Member(s):**  
The name and address of each Manager or Managing Member is as follows:

Title:  
"MGR" = Manager  
"MGRM" = Managing Member

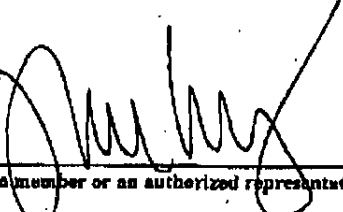
Name and Address:

|             |                                  |
|-------------|----------------------------------|
| <u>MGRM</u> | <u>LAKE POINT HOLDINGS LLC</u>   |
|             | <u>3160 FAIRLINE FARMS ROAD</u>  |
|             | <u>WELLINGTON, FLORIDA 33414</u> |
|             |                                  |
|             |                                  |
|             |                                  |
|             |                                  |
|             |                                  |
|             |                                  |

(Use attachment if necessary)

**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.)

**REQUIRED SIGNATURE:**



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.)  
JONATHAN Z. KURRY, Authorized Signatory  
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)

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