

L080000055093

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

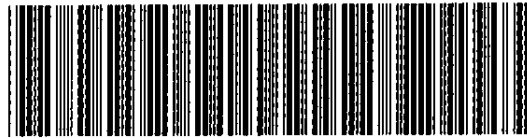
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300130657403

RECEIVED
08 JUN -4 PM 4:24
OFFICE OF STATE CORPORATIONS
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
08 JUN -4 AM 8:15
OFFICE OF STATE CORPORATIONS
TALLAHASSEE, FLORIDA

B. KOHR
JUN - 5 2008
EXAMINER



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 597588 7448543

AUTHORIZATION :

Susie Knight

COST LIMIT : \$ 130.00

ORDER DATE : June 4, 2008

ORDER TIME : 2:40 PM

ORDER NO. : 597588-005

CUSTOMER NO: 7448543

FILED
08 JUN-4 AM 8:15
TALLAHASSEE, FLORIDA

DOMESTIC FILING

NAME: 150 COLLIDGE ASSOCIATES-GL,
LLC

EFFECTIVE DATE:

- ARTICLES OF INCORPORATION
- CERTIFICATE OF LIMITED PARTNERSHIP
- ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - EXT. 2956

EXAMINER'S INITIALS: _____

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

150 Coolidge Associates-GL, LLC

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

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

8441 Cooper Creek Boulevard
University Park, Florida 34201

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:

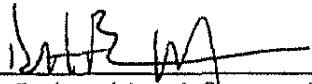
David H. Baldauf
Name

8441 Cooper Creek Boulevard
Florida street address (P.O. Box NOT acceptable)

University Park 34201
City, State, and Zip

FILED
08 JUN -4 AM 8:15
TALLAHASSEE, FLORIDA
DEPARTMENT OF STATE

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.


Registered Agent's Signature (REQUIRED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>	<u>Name and Address:</u>
"MGR" = Manager	
"MGRM" = Managing Member	
<u>Manager</u>	_____

<u>David H. Baldauf</u>	<u>8441 Cooper Creek Boulevard</u>
	<u>University Park, Florida 34201</u>


<u>Randall Benderson</u>	<u>8441 Cooper Creek Boulevard</u>
	<u>University Park, Florida 34201</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.)

David H. Baldauf
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)