L13000044687

| (Reques | itor's Name) | |
|--------------------------------|---------------|-------------|
| | | |
| (Address | s) | |
| | | |
| (Address | s) | |
| | | |
| (City/Sta | nte/Zip/Phone | e #) |
| | | |
| PICK-UP | WAIT | MAIL |
| | | |
| (Busine | ss Entity Nar | me) |
| (4-1111) | - | , |
| (Docum | ent Number) | |
| (Docum | ent Humber, | |
| Cartified Canica | Cortificato | o of Status |
| Certified Copies | Certificates | s or Status |
| | | |
| Special Instructions to Filing | g Officer: | |
| | | - |
| • | | |
| | | |
| | | , |
| • | | |
| | | |
| | | |

Office Use Only



800246029328

03/25/13--01038--006 **125.00

ZOIS HAR 25 PM 2: 54
SECRETARY OF STATE
TALLAHASSEE, ELSANE

MAR 26 2013 J. BRYAN



120 East Palmetto Park Road • Suite 400 Boca Raton, Florida 33432 • Tel 561.347.1700 • Fax 561.391.9944 www.redgraveandrosenthal.com

Jennifer E. Zakin jzakin@redgraveandrosenthal.com Direct Dial 561,226,7819

March 19, 2013

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Re:

Our File No. 32385-00010

Danny Management, LLC

Dear Sir or Madam:

Enclosed please find the following:

- 1. Cover Letter;
- 2. Check in the amount of \$125.00 payable to the "Department of State"; and
- 3. Articles of Organization.

Please file the enclosed Articles of Organization with the Florida Department of State and return confirmation of filing to our office at the address indicated on the attached Cover Letter.

If you have any questions, please do not hesitate to contact me.

Very truly yours,

Jennifer E. Zakin

JEZ/ib Enclosures

H:\Library\EPD\Muir.Robert & Robin\Danny Management, LLC\Letter to DOS to file Articles.wpd

COVER LETTER

| 10: | Division of Co | | | | |
|------------------|-------------------|---|--|--|--|
| SUBJE | CT ₂ | Danny Ma | nageme | nt, LLC | TAS: |
| 50000 | | Name of Limit | ed Liability Comp | pany | ECRE ALAL |
| The end | closed Articles o | f Organization and fee(s) are: | submitted for filin | g. | LARY |
| Please r | eturn all corresp | ondence concerning this matt | er to the following | g: | mg. |
| | | llar | na Brune | lle | Constant |
| - | | 1101 | Name of Person | | <u> </u> |
| | | Redgrave | & Rose | enthal LL | .P |
| - | | | Firm/Company | | |
| | 12 | 20 East Palme | etto Park | Road, | Suite 400 |
| - | | | Address | | |
| | | Boca Rato | n, Florid | a 33432 | |
| • | | | y/State and Zip Coo | | |
| _ | | Kristinmsc E-mail address: (to be used to | hneider@y | | |
| | | · | · | on nonneation) | |
| For furt | her information | concerning this matter, please | call: | | |
| Jer | nifer E. | Zakin, Esq. | _ _{at (} 561 | ₃₄₇₋₁₇ | 700 |
| | Name | of Person | Area Coc | le & Daytime Telep | hone Number |
| Enclos | ed is a check for | or the following amount: | | | |
| ■ \$125.9 | 00 Filing Fee | □\$130.00 Filing Fee & Certificate of Status | □\$155.00 Fili Certified Co (additional co | _ | \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| | | Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Registra Division Clifton 2661 Ex | Courier Address ution Section n of Corporations Building Recutive Center Course ssee, FL 32301 | |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY CON **ARTICLE I - Name:** The name of the Limited Liability Company is: Danny Management, 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:** 850 NE 5th Avenue 850 NE 5th Avenue Boca Raton, Florida 33432 Boca Raton, Florida 33432 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: Kristin M. Schneider Name 850 NE 5th Avenue Florida street address (P.O. Box NOT acceptable) **Boca Raton** 33432 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..

(CONTINUED)

Page 1 of 2

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

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

| <u>Title:</u> | Name and Address: |
|---|--|
| "MGR" = Manager | . B |
| "MGRM" = Managing Member | TAL SET IN |
| MGR | THE ROBIN C. MUIR LIVING TRUST AGREEMENT dated March 2007 850 N.E. 5th Avenue Boca Raton, Florida 33432 |
| | 850 N.E. 5th Avenue |
| | Boca Raton, Florida 33432 |
| MGR | Kristin M. Schneider |
| WIOIT | 850 N.E. 5th Avenue |
| | Boca Raton, Florida 33432 |
| | |
| MGR | Robert S. Morrell 2244 Queen Palm Road |
| | Boca Raton, Florida 33432 |
| | La Arta of Ciliana (OPTIONIA) |
| LE V: Effective date, if other than t | he date of filing: (OPTIONAL st be specific and cannot be more than five business) |
| LE V: Effective date, if other than the frective date is listed, the date muture or 90 days after the date of filing. | ist be specific and cannot be more than five business |
| LE V: Effective date, if other than the frective date is listed, the date must or 90 days after the date of filing.) REQUIRED SIGNATURE: | Ist be specific and cannot be more than five business NULL |
| LE V: Effective date, if other than the frective date is listed, the date must or 90 days after the date of filing.) REQUIRED SIGNATURE: | ist be specific and cannot be more than five business |
| ffective date is listed, the date mu or 90 days after the date of filing.) REQUIRED SIGNATURE: Signature of a mem (In accordance with section 6 constitutes an affirmation und I am aware that any false info | Ist be specific and cannot be more than five business NULL |
| LE V: Effective date, if other than to a ffective date is listed, the date must or 90 days after the date of filing.) REQUIRED SIGNATURE: Signature of a mem (In accordance with section 6 constitutes an affirmation und I am aware that any false info | ber or an authorized representative of a member. 108.408(3), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true. 108.408 to the penalties of perjury that the facts stated herein are true. 108.408 to the penalties of perjury that the facts stated herein are true. |

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)