

L15000145809
20/5/8/3/16/3

Florida Department of State
Division of Corporations
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.

(((H15000210175 3)))



H150002101753ABCW

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

RECEIVED

15 AUG 31 PM 4:50

FLORIDA DEPARTMENT OF STATE

To: Division of Corporations
Fax Number : (850) 617-6381

From: Account Name : AKERMAN LLP - BOCA
Account Number : T20100000049
Phone : (561) 368-2151
Fax Number : (561) 368-4668

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: Kera.draetta@akerman.com

**FLORIDA LIMITED LIABILITY CO.
7311 Amber Falls, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

FILED
15 AUG 31 AM 9:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H150002101753

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

7311 Amber Falls, LLC

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

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

5670 W Leitner Drive
Coral Springs, FL 33067

5670 W Leitner Drive
Coral Springs, FL 33067

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 J. Peterson

Name

5670 W Leitner Drive

Florida street address (P.O. Box NOT acceptable)

Coral Springs

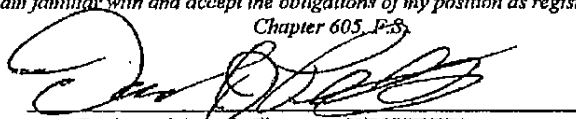
City

FL 33067

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 605, P.S.


Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

FILED
15 AUG 31 AM 9:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H150002101753

H150002101753

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

David J. Peterson

5670 W Lettner Drive


Coral Springs, FL 33067

(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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:


Signature of a member or an authorized representative of a member.
(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

David J. Peterson

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)

FILED
15 AUG 31 AM 9:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H150002101753