

L16000077472

(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



000284842020

04/21/16--01016--013 \*\*125.00

RECEIVED  
DEPARTMENT OF STATE  
16 APR 21 PM 1:31  
NOT REFERRED  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

FILED  
16 APR 21 PM 1:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APR 21 2016  
T SCHROEDER

CT Corporation System

515 E Park Avenue, Tallahassee, FL, 32301 850-222-1092

**5900 Broken Sound, LLC**

Nonprofit

Foreign Corporation

Limited Partnership

LLC

Certified Copy

Call When Ready

Walk In

Mail Out

Name \_\_\_\_\_

Availability \_\_\_\_\_

Document \_\_\_\_\_

Examiner \_\_\_\_\_

Updater \_\_\_\_\_

Verifier \_\_\_\_\_

W.P. Verifier \_\_\_\_\_

Amendment

Dissolution/Withdrawal

Reinstatement

Annual Report

Name Registration

Fictitious Name

Photocopies

Call If Problem

Will Wait

4/21/2016

**KM**

Merger

Mark

Other

UCC

CUS

After 4:30

Pick Up

Order#:

**9972870**

Ref#:

Amount: \$

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** 5900 Broken Sound, LLC  
\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sara M. Watson  
\_\_\_\_\_  
Name of Person

Katten Muchin Rosenman LLP  
\_\_\_\_\_  
Firm/Company

525 W. Monroe St.  
\_\_\_\_\_  
Address

Chicago, IL 60661  
\_\_\_\_\_  
City/State and Zip Code

sara.watson@kattenlaw.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sara M. Watson                      312                      577-8501  
\_\_\_\_\_  
Name of Person                      Area Code                      Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee       \$130.00 Filing Fee & Certificate of Status       \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)       \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**Mailing Address**  
New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**  
New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

5900 Broken Sound, 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:

5900 Broken Sound Parkway NW  
Boca Raton, FL 33487

Mailing Address:

5900 Broken Sound Parkway NW  
Boca Raton, FL 33487

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:

CT Corporation System

Name

1200 South Pine Island Rd.

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

Plantation FL 33324

City State 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, F.S.*

By: CT Corporation System  


Registered Agent's Signature (REQUIRED)

Katherine Lackey - Asst. Secretary

(CONTINUED)

FILED  
16 APR 21 PM 1:35  
SECRETARY OF STATE  
ALLAHASSEE, FLORIDA

**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:**

Dennis P. Lynde  
5900 Broken Sound Parkway NW  
Boca Raton, FL 33487

MGR

Cornel Williams  
5900 Broken Sound Parkway NW  
Boca Raton, FL 33487

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

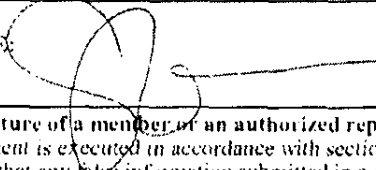
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records

**ARTICLE VI:** Other provisions, if any.

\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED SIGNATURE:**



Signature of a member or an authorized representative of a member.  
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes  
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.

Sara M. Watson, Authorized Representative  
*typed or printed name of signer*

**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  
16 APR 21 PM 1:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA