

L100000087569

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

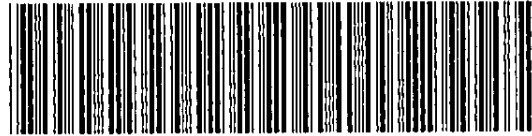
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

Office Use Only



900184113569

08/20/10--01014--001 **130.00

RECEIVED
10 AUG 20 AM 9:53
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
10 AUG 20 AM 10:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Orlan AUG 20 2010

SQUIRE, SANDERS & DEMPSEY	
Requester's Name	
215 S. MONROE ST. SUITE 601	
Address	
TALLAHASSEE 32301	222.2300
City/State/Zip	Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. NONESUCH TERRA FIRMA, LLC
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- | | | |
|---|--|---|
| ☒ Walk in | ☒ Pick up time <u>2:00</u> | ☐ Certified Copy |
| ☐ Mail out | ☐ Will wait | ☒ Certificate of Status |
| ☐ Photocopy | | |

NEW FILINGS

- ☐ Profit
- ☐ Not for Profit
- ☒ Limited Liability
- ☐ Domestication
- ☐ Other

AMENDMENTS

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

OTHER FILINGS

- ☐ Annual Report
- ☐ Fictitious Name

REGISTRATION/QUALIFICATION

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

IF YOU HAVE ANY QUESTIONS
 PLEASE CONTACT ELIZABETH GLEATON
 AT 222.2300. THANK YOU.

CR28031(7/97)

Examiner's Initials

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

FILED

10 AUG 20 AM 10:08

ARTICLE 1 - Name:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The name of the Limited Liability Company is: Nonesuch Terra Firma, LLC.

ARTICLE II - Address:

Principal Office Address:

Two Alhambra Plaza, Suite 1040
Coral Gables, Florida 33134

Mailing Address:

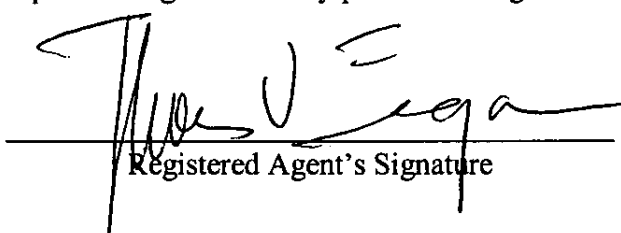
Two Alhambra Plaza, Suite 1040
Coral Gables, Florida 33134

ARTICLE III - Registered Agent, Registered Office, and Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

Thomas V. Eagan, Esq.
200 South Biscayne Boulevard
Suite 4100
Miami, Florida 33131

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

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

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

Title:

Name and Address:

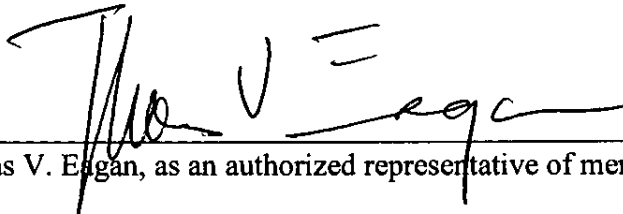
MGR

Richard Skor
Two Alhambra Plaza, Suite 1040
Coral Gables, Florida 33134

ARTICLE V - Effective Date:

The Articles of Organization shall be effective on the date of filing with the Division of Corporations.

SIGNATURE:



Thomas V. Egan, as an authorized representative of member

Thomas V. Egan
Typed or printed name of signee

FILED
10 AUG 20 AM 10:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA