

ACCOUNT NO.: 07210000032

REFERENCE: 656259 80818A

AUTHORIZATION:

COST LIMÍT : \$ PPD

ORDER DATE: April 10, 2000

ORDER TIME : 11:01 AM

ORDER NO. : 656259-005

CUSTOMER NO: 80818A

CUSTOMER: Cara Ebert Cameron, Esq

CARA EBERT CAMERON, PA

Suite 410

2929 East Commercial Boulevard

Fort Lauderdale, FL 33308

DOMESTIC FILING

NAME:

GEORGE TRAUM RIVER, LLC

EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

X PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Janine Lazzarini

EXAMINER'S INITIALS:

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TWISTON OF CORPORATIONS

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

George Traun River, LLC

## **ARTICLE II - Address:**

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

c/o Cara Ebert Cameron, P.A., 2929 East Commercial Boulevard, Suite 410, Ft. Lauderdale, Fl. 33308

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

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

Cara Ebert Cameron

Name

2929 East Commercial Blvd., Suite 410

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

City, State, and 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 608, F.S..

Registered Agent's Signature

## Article IV - Management (Check box if applicable.)

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

ber 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.)

Typed or printed name of signee

\$100.00 Filing Fee for Articles of Organization

- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)