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Division of Corporations

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## Florida Department of State

Division of Corporations

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Fax Number : (850) 922-4003

From: Account Name : BRADY & COKER  
Account Number : 075350000217  
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## LIMITED LIABILITY COMPANY

Sheridan Street Commerce Center, L.L.C.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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**TRANSMITTAL LETTER  
FOR FLORIDA LIMITED LIABILITY COMPANY**

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**SUBJECT:** Sheridan Street Commerce Center, L.L.C.  
(Proposed limited liability company name - must include suffix)

Enclosed is an original and one (1) copy.

Filing fee for articles of organization of Florida Limited Liability Company:

\$250.00 Filing fee for Articles of Organization and Affidavit  
\$ 35.00 Designation of Registered Agent

A letter of acknowledgement will be issued free of charge upon filing. Please submit an additional \$8.75 if a certificate of status is needed. The fee for a certified copy is \$52.50. Please send one check for the total amount made payable to the Florida Department of State.

**FROM:** Richard G. Coker, Jr.  
Name (Printed or typed)  
501 Northeast 8th Street  
Address  
Fort Lauderdale, FL 33304  
City, State & Zip  
(954) 761-1404  
Daytime Telephone number

Richard G. Coker, Jr., Esquire  
Florida Bar No. 338842  
Brady & Coker  
501 Northeast 8th Street  
Fort Lauderdale, FL 33304  
Telephone: (954) 761-1404

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(Rev. 17, 10/97)

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY  
COMPANY****ARTICLE I - Name:****The name of the Limited Liability Company is:**

Sheridan Street Commerce Center, L.L.C.

**ARTICLE II - Address:****The mailing address and street address of the principal office of the Limited Liability Company is:**

1765 Southeast 17th Street, Fort Lauderdale, FL 33316

**ARTICLE III - Duration:****The period of duration for the Limited Liability Company shall be:** perpetual**ARTICLE IV - Management:****(check and complete the appropriate statement)**

- ☐ The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

- ☒ The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

Laurence A. Maurer  
1765 Southeast 7th Street  
Fort Lauderdale, FL 33316



Richard G. Coker, Jr.  
Member

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**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is:

Sheridan Street Commerce Center, L.L.C.

2. The name and address of the registered agent and office is:

Richard G. Coker, Jr.

(Name)

501 Northeast 8th Street

(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

Fort Lauderdale, FL 33304

(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.*



(Signature)

4-25-00

(Date)

**Filing Fee: \$ 35 for Designation of Registered Agent**

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