F L S D ATTORNEY

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Page 1 of 1

Division of Corporations Florida Department of

**Division of Corporations** Public Access System Katherine Harris, Secretary of State

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## LIMITED LIABILITY COMPANY

Hallandale Place, LLC

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

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE I - Name:

The name of the Limited Liability Company is:

HALLANDALE PLACE, LLC

### ARTICLE II - Address:

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

201 Alhambra Circle, Suite 602 Coral Gables, Florida 33134

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signaturg

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

Allen D. Fuller

Name

201 Alhambra Circle. Suite 602

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

Coral Gables. Florida 33134

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 add	litional article must be added if an effective date is request
- ;	Signature of a member or an authorized representative of a member.
(In a doc fact	accordance with section 608.408(3), Florida Statutes, the execution of this aument constitutes an affirmation under the penalties of perjury that the is stated herein are true.)
	Allen D. Fuller, Trustee Typed or printed name of signee

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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 TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1.	The name of the Limited Liability Company is:	•	•		
	THAT I ARTOAT TO DE ACTO THE	-			

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

Allen D. Fuller
Name
201 Alhambra Circle, Suite 602
201 Alhambra Circle, Suite 602 Florida street address (P.O. Box NOT acceptable)
Coral Gables, Florida 33134 City, State, and Zip
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.

Allen D. Fuller

(Signature)

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TALL AHASSEE FLORING