

CT CORPORATION SYSTEM

CORPORATION(S) NAME

L010000 D0B5B0

Crescent Beach Plaza, LLC

0

APPROVED
AND
FILED

01 MAY 30 PM 12:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DIVISION OF CORPORATION

01 MAY 30 AM 11:14

RECEIVED

- | | | |
|--|---|---|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> Nonprofit | | |
| <input type="checkbox"/> Foreign | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark |
| | <input type="checkbox"/> Reinstatement | |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input checked="" type="checkbox"/> LLC | <input type="checkbox"/> Name Registration | <input type="checkbox"/> Change of RA |
| | <input type="checkbox"/> Fictitious Name | <input type="checkbox"/> UCC |
| <input checked="" type="checkbox"/> Certified Copy | <input type="checkbox"/> Photocopies | <input type="checkbox"/> CUS |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem | <input type="checkbox"/> After 4:30 |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out | | |

Name _____ 5/30/01
 Availability _____
 Document _____
 Examiner _____
 Updater _____
 Verifier _____
 W.P. Verifier _____

Order#: 4475596

400004334334--8

-05/30/01--01031--026

Ref#: ****155.00 ****155.00

400004334334--8

-05/30/01--01031--026

Amount: \$ ****125.00 ****125.00

660 East Jefferson Street
 Tallahassee, FL 32301
 Tel. 850 222 1092
 Fax 850 222 7615

708
5-30-01

MAY-29-2001 16:57
MAY-29-2001 14:05

C.T. CORP. SYSTEM
C.T. CORP. SYSTEM

212 590 9190 P.02/02
212 590 9190

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Crescent Beach Plaza, LLC

ARTICLE II - Address:

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


341 East 149th St. Bronx, NY 10459

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

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

C T Corporation System
Name
c/o CT Corporation System, 1200 South Pine Island Road
Florida street address (P.O. Box NOT acceptable)
Plantation FL 33324
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..

C T Corporation System

Registered Agent's Signature Patrick A. Nolan
Assistant Secretary

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)


Signature of a member 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.)

Allen N. ROSS

Typed or printed name of signee

FILING FEES:

- \$ 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)

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