

LO1000014354

PROJECT ADVISERS CORP.  
7001 S.W. 61ST AVENUE  
P.O. BOX 432050  
MIAMI, FL 33143

City/State/Zip

Phone #

600004549166--3  
-08/22/01--01073--006  
\*\*\*\*160.00 \*\*\*\*160.00

Office Use Only

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

1. GROVE SQUARE 412-413-419, LLC  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

- Walk in       Pick up time \_\_\_\_\_       Certified Copy  
 Mail out       Will wait       Photocopy       Certificate of Status

**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

01 AUG 22 AM 10:08  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Examiner's Initials

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Grove Square 412, 413, 419, LLC

**ARTICLE II - Address:**

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

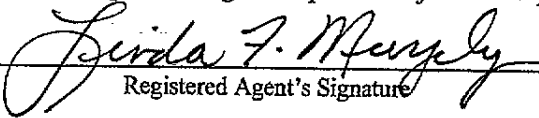
7001 S. W. 61st Avenue, Miami, Florida 33143

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

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

Linda F. Murphy
_____ Name
7001 S. W. 61st Avenue,
_____ Florida street address (P.O. Box <b>NOT</b> acceptable)
Florida FL 33143
_____ City, State, and Zip

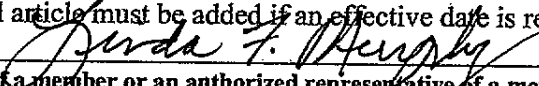
*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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)

  
 \_\_\_\_\_  
 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.)

Linda F. Murphy

\_\_\_\_\_  
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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