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Florida Department of State

Division of Corporations

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To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346

DIVISION OF CORPORATION

RECEIVED
02 APR -4 PM 4: 08**LIMITED LIABILITY COMPANY****POLK ESTATES, LLC**

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TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION
OF
POLK ESTATES, LLC**

The undersigned hereby forms a limited liability company under Chapter 608 of the laws of the State of Florida.

ARTICLE I. NAME.

The name of the limited liability company shall be: Polk Estates, LLC

ARTICLE II. ADDRESSES.

The address of the principal office of this limited liability company shall be 13254 SW 54th Court, Miramar, FL 33027 and the mailing address of the limited liability company shall be the same.

ARTICLE III. REGISTERED AGENT AND OFFICE.

The street address of the initial registered office of the limited liability company shall be 13254 SW 54th Court, Miramar, FL 33027 and the name of the initial registered agent of the limited liability company at that address is Cristhian Crevoisier.

ARTICLE IV. MANAGEMENT.

The limited liability company is a manager-managed company.

IN WITNESS WHEREOF, the undersigned has hereunto set his hand and seal as of April 4, 2002.


Cristhian Crevoisier

Prepared by:
Cheryl Julien Kaufman, Esq.
Cheryl Julien Kaufman
2301 Sunset Drive
Miami Beach, FL 33140
(305) 538-5380
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STATEMENT OF ACCEPTANCE BY REGISTERED AGENT

Having been named the Registered Agent of the above-stated limited liability company, I, Ann Wendschuh, accept the appointment as Registered Agent and agree to act in such capacity. I further agree that I shall comply with the provisions of all statutes relating to the proper and complete performance of its duties, and I am familiar with and accept the obligations of the position of Registered Agent.


Cristhian Crevoisier