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ACCOUNT NO. : 072100000032	
REFERENCE: 673305 165301A	
AUTHORIZATION: Patricia Pyrit	
COST LIMIT: \$ 78.75 155 00	·- ·-
ORDER DATE: July 22, 2002	
ORDER TIME : 10:53 AM	
ORDER NO. : 673305-015	
CHSTOMER-NO 165301A	
CUSTOMER: Kim Bartels, Legal Assistant 9000065 Evans & Luptak, P.l.c.	5909591
4th Floor 4700 Nw Boca Raton Blvd. Boca Raton, FL 33431	M7/23
DOMESTIC FILING	
NAME: BEZTAK OF LEGACY PLACE, L.L.C.	r 20 Sivio
	IGRETAL ION OF I
EFFECTIVE DATE:	PH S PM
XX ARTICLES OF ORGANIZATION	Ο
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:	RATIONS
XX CERTIFIED COPY	

Ginger Simmons - EXT. 1139

EXAMINER'S INITIALS:

CONTACT PERSON:

2

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Beztak of Legacy Place, L.L.C.

ARTICLE II - Address:

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

4700 NW Boca Raton Blvd., 4th Floor, Boca Raton, FL 33431

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

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

	COTPOTACTOIL P	CTATC C	ombarra	
	Name			
	1201 Hay	s Street		
	Florida street address (P.O.	Box NOT	cceptable)	
	Tallahassee	FL	32301	
	City, State, a	and Zip		
iability company at the pregistered agent and agr registered agent and agr retatutes relating to the p	egistered agent and to accept place designated in this certif ee to act in this capacity. I fi coper and complete performa my position as registered ag Corporation Service By: KOLOOA D Registered	ficate, I he arther agree ance of my ent as pro Company	reby accept the app se to comply with the duties, and I am fa vided for in Chapte	pointment es he provisions of All miliar with and
The Limited Liabili	ent (Check box if applicable ty Company is to be manage or - managed company.		manager or more n	ianagers and is,
	ature of a member or an author	Lint	<u> </u>	· -
oft	accordance with section 608.408() nis document constitutes an affirm the facts stated herein are true.)			7
	Paola M. Lupt			
	Typed or printed r	name of sign	ee	

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)