

CT CORPORATION

LO2000023557
(3)

CORPORATION(S) NAME

9/11 FLUC CCLUS

West Broward Retail Outparcel LLC

FILED

400007664244--2

09/11/02--01005--030

****160.00 ****160.00

<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
registration	<input type="checkbox"/> Fictitious Name	<input type="checkbox"/> UCC
<input checked="" type="checkbox"/> Certified Copy	<input type="checkbox"/> Photocopies	<input checked="" 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 _____
Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____

9/11/02

Order#: 5583978

Ref#: _____

Amount: \$ _____

STATE OF FLORIDA
TALLAHASSEE

02 SEP 11 PM 2:07

FILED

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

RECEIVED
02 SEP 11 AM 11:16

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I – Name:

The name of the Limited Liability Company is:

West Broward Retail Outparcel LLC

ARTICLE II – Address:

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

3399 PGA Blvd., Suite 450, Palm Beach Gardens, FL 33410

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

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

Peter D. Cummings & Associates, Inc.
Name

3399 PGA Boulevard, Suite 450
Florida street address (P.O. Box NOT acceptable)

Palm Beach Gardens, FL 33410
City, State, Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company and 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 related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my positions as registered agent as provided for in Chapter 608, F.S.

Peter D. Cummings & Associates, Inc.

Registered Agent's Signature

Article IV – Management (Check box is applicable)

☒ The Limited Liability Company is to be managed by one manager or 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 608.403(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

DAVID A. DEAN

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)

FILED
02 SEP 11 PM 2:07
STATE OF FLORIDA
TALLAHASSEE