

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 200 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8870 • Fax (850) 224-1122

LO2000027654

409 NW 4th Court, LLC

300008446309--1

-10/18/02--01042--006

****750.00 ****125.00

RECEIVED

02 OCT 18 AM 11:19

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

LO2-27654
OR

Signature _____

Requested by: SR

Name

Date

Time

10/18/02

10:59

Walk-In

Will Pick Up

____ Art of Inc. File

____ LTD Partnership File

____ Foreign Corp. File

☒ L.C. File

____ Fictitious Name File

____ Trade/Service Mark

____ Merger File

____ Art. of Amend. File

____ RA Resignation

____ Dissolution / Withdrawal

____ Annual Report / Reinstatement

____ Cert. Copy

☒ Photo Copy

____ Certificate of Good Standing

____ Certificate of Status

____ Certificate of Fictitious Name

____ Corp Record Search

____ Officer Search

____ Fictitious Search

____ Fictitious Owner Search

____ Vehicle Search

____ Driving Record

____ UCC 1 or 3 File

____ UCC 11 Search

____ UCC 11 Retrieval

____ Courier

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02 OCT 18 PM 1:35

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: 409 NW 4TH COURT, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:
407 N.W. 4th Avenue
Pompano Beach, FL 33060

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

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

Oreda G. Jackson
Name
407 N.W. 4th Avenue
Florida street address (P.O. Box NOT acceptable)
Pompano Beach, FL 33060
City, State, and Zip

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

Oreda G. Jackson
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)

Clarence Grisham
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.)

Clarence Grisham
Typed or printed name of signer

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)