Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850) 205-0383

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From:

: SHAPIRO & ADAMS, P.A. Account Name

Account Number: I19990000101 : (561)691-0059 Phone

Fax Number : (561)691-0066

LIMITED LIABILITY COMPANY

Roiff-Unit 206 Dorchester, LC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I Name:

The name of the Limited Liability Company is: Roiff-Unit 206 Dorchester, LC

ARTICLE II- Address:

The mailing address and street address of the principal office of the Limited Liability Company is: 1460 South Ocean Boulevard, Manalapan, Florida 33462

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

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

Robert Lee Shapiro, P.A. 2401 PGA Boulevard, Snite 272 Palm Beach Gardens, Florida 33410

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 Jam 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 if applicable.)

XXXXX 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.)

Robert Lee Shapiro
Typed or printed name of signee

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