

L0300 0004874

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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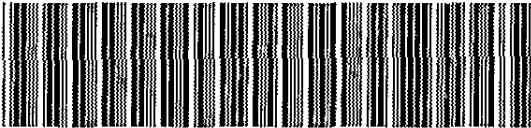
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2-10-03



ACCOUNT NO. : 072100000032

REFERENCE : 923758 4307439

AUTHORIZATION :

COST LIMIT : \$ 130.00

Patricia Pigute

ORDER DATE : February 7, 2003

ORDER TIME : 2:51 PM

ORDER NO. : 923758-005

CUSTOMER NO: 4307439

CUSTOMER: Ms. Marie O'leary
Reed Smith LLP

2500 One Liberty Pl.
1650 Market Street
Philadelphia, PA 19103-7301

DOMESTIC FILING

NAME: 1 LYONS TECH PARKWAY, LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Haddan - EXT. 1155

EXAMINER'S INITIALS: _____

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

1 Lyons Tech Parkway, LLC

ARTICLE II - Address:

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

4100 North 29 Terrace, Hollywood, FL 33020

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

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

Corporation Service Company

Name

1201 Hays Street

Florida street address (P.O. Box NOT acceptable)

Tallahassee FL 32301

City, State, and Zip

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.

Corporation Service Company

By:

Brian Courtney
Asst. V. Pres.

Registered Agent's Signature

(An additional article must be added if an effective date is requested)

Marie E. O'Leary
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.)

Marie E. O'Leary, Authorized Representative

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)

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TALLAHASSEE, FLORIDA

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