# DOOD NO. PLANT BOX Divisio

## Florida Department of State

Division of Corporations Public Access System

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CORPORATION

Division of Corporations
Fax Number : (850) 205-0383

rom:
Account Name : GEOFFREY M. WAYNE, P.A.
Account Number : 076770003401
Phone : (305) 381-8108

To:

From:

: (305)381-8109 Fax Number

## LIMITED LIABILITY COMPANY

Sevilla Palace at Victoria Park LC

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



#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Sevilla Palace at Victoria Park LC

ARTICLE II- Address:

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

2251 S.W. 129th Avenue, Miramar, Florida 33027

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

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

GEOFFREY M. WAYNE, P.A. Name

1201 Brickell Avenue, Suite 220 Florida street address (P.O. Box NOT acceptable)

> Miami, Florida 33131-3207 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..

ARTICLE IV - Management (Check box if applicable.)

Tin 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)

Storisture 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.)

GEOFIFREY M. WAYNE
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)