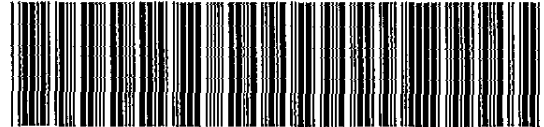


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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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03 APR -5 PM 1:52
STATE
TALLAHASSEE
FLORIDA

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

ATTORNEYS' TITLE

Requestor's Name

1965 Capital Circle NE, Suite A

Address

Tallahassee, FL 32308

City/St/Zip

850-222-2785

Phone #

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1- 8719 TWIN LAKE LLC

2-

3-

4-

☒ Walk-in☐ Pick-up time ASAP☐ Certified Copy☐ Mail-out☐ Will wait☐ Photocopy☐ Certificate of Status**NEW FILINGS**

<input type="checkbox"/>	Profit
<input type="checkbox"/>	Non-Profit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS

<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS

<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION

<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

ARTICLES OF ORGANIZATION

OF

**8719 TWIN LAKE LLC
a Florida Limited Liability Company**

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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

ARTICLE I

Name

The name of this Limited Liability Company shall be **8719 TWIN LAKE LLC** (the
“Company”).

ARTICLE II

Purpose

The primary purposes of the Company shall be and the Company shall have power to engage
in the acquisition, ownership, financing, leasing, or otherwise utilize real estate, any and all related
activities and for any and all other purposes (except as a professional service provider) as authorized
by Chapter 608 of the Florida Statutes.

ARTICLE III

Principal Office

The principal office and mailing address of the Company is: 141 NW 20th Street, Unit B-5
Boca Raton, Florida 33431.

ARTICLE IV

Registered Office and Agent

The name and street address of the registered agent of the Company is:

James A. Ballerano, Jr.
1201 George Bush Blvd.
Delray Beach, Florida 33483-7203

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SECRETARY OF STATE
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 am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.



James A. Ballerano, Jr., Registered Agent

ARTICLE V

Management

This Company is a manager-managed company and will be managed by one or more managers.

ARTICLE VI

Dissolution

The Company will have perpetual existence. It may be dissolved at an earlier time upon the entry of a decree of judicial dissolution by a court of competent jurisdiction.

The Company will not dissolve upon the death of a member, the bankruptcy of a member or upon the court declared incompetency of a member, unless all other members, joined by the personal representative of the deceased or incompetent member, shall consent to dissolution in writing.

ARTICLE VII

Operating Agreement

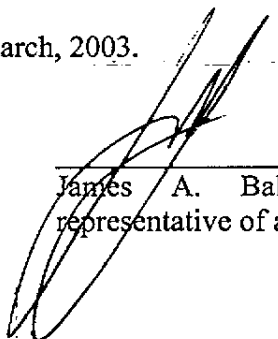
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TALLAHASSEE, FLORIDA

Members of the Company will enter into an operating agreement, to be maintained at the registered office, and may amend such agreement from time to time as they deem appropriate.

Executed and dated this 4 day of March, 2003.



James A. Ballerano, Jr., authorized
representative of a member

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