

# L03000013747

Florida Department of State  
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Fax Number : (850) 205-0383

From:

Account Name : BEATRIZ M. CAPOTE, P.A.  
Account Number : T19990000052  
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## LIMITED LIABILITY COMPANY

Forest Ridge Apartments, LLC

Certificate of Status	0
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DIVISION OF CORPORATION

4-16-03

**ARTICLES OF ORGANIZATION  
OF**

**FOREST RIDGE APARTMENTS, LLC**

The undersigned, pursuant to the provisions of Chapter 608 of the Florida Statutes, for the purpose of forming a limited liability company under the laws of the State of Florida do set forth the following:

1. **NAME.**

The name of the Limited Liability Company is: **FOREST RIDGE APARTMENTS, LLC.**

2. **ADDRESS OF PRINCIPAL OFFICE.**

The mailing address and street address of the principal office of the Limited Liability Company is: 3250 Mary Street, Suite 306, Coconut Grove, FL 33133.

3. **NAME AND ADDRESS OF REGISTERED AGENT.**

The name and address of the initial registered agent in Florida for the Limited Liability Company is: Beatriz M. Capote, Esq., 799 Brickell Plaza, Suite 700, Miami, FL 33131.

4. **PERIOD OF DURATION.**

The period of duration of the Limited Liability Company shall be from the date of filing until the first to occur of the following:

- (i) Thirty (30) years from the date of filing of these Articles of Organization with the Department of State, or
- (ii) Dissolution of the Limited Liability Company pursuant to provisions of the Florida Limited Liability Company Act.

5. **PURPOSE.**

The purpose for which the Limited Liability Company is organized is to engage in any and all businesses and activities permitted by the laws of the State of Florida. The

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Limited Liability Company shall have all of the powers vested in a limited liability company organized and existing by virtue of such laws.

6. MANAGEMENT.

The Limited Liability Company is to be managed by managers. The names and addresses of such managers who are to serve as managers until the first annual meeting of members or until their successors are elected and qualified are as follows:

Paul R. Steinfurth  
3250 Mary Street, Suite 306  
Coconut Grove, FL 33133

and

Fred Cochran  
887 Patterson Drive  
Sarasota, FL 34234

Executed on this 16 day of April, 2003, by the undersigned member of FOREST RIDGE APARTMENTS, LLC.

  
PAUL R. STEINFURTH

STATE OF FLORIDA  
COUNTY OF MIAMI-DADE

The foregoing instrument was acknowledged before me this \_\_\_ day of April, 2003, by PAUL R. STEINFURTH, who is personally known to me.

My commission expires:

10/11/06

  
NOTARY PUBLIC

Print Name: Carol Ogden



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**CERTIFICATE OF DESIGNATION OF REGISTERED  
AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/ REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the limited liability company is: **FOREST RIDGE APARTMENTS, LLC.**

The name and address of the registered agent and office is:

**Beatriz M. Capote, Esq.  
799 Brickell Plaza, Suite 700  
Miami, FL 33131**

HAVING BEEN NAMED 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.

  
BEATRIZ M. CAPOTE, ESQ.

4-16-03  
DATE

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