

L03 000017130

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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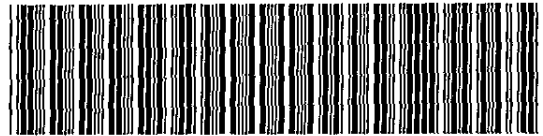
(Business Entity Name)

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L03-17130
OK



CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 091289 5490A

AUTHORIZATION :

COST LIMIT : \$ 125.00

Patricia Piquero

ORDER DATE : May 13, 2003

ORDER TIME : 10:35 AM

ORDER NO. : 091289-005

CUSTOMER NO: 5490A

CUSTOMER: Suzanne Opatosky, Legal Asst
Mastriana & Christiansen

1500 North Federal Highway
Suite 200
Fort Lauderdale, FL 33304

DOMESTIC FILING

NAME: OLD FLORIDA VILLAGE OF WILTON
MANORS, L.L.C.

EFFECTIVE DATE:

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Kimberly Moret - EXT. 1149

EXAMINER'S INITIALS:

ALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: --

Old Florida Village of Wilton Manors, L.L.C.

ARTICLE II - Address:

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

101 S.E. 21st Street, Fort Lauderdale, Florida 33316

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

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

Michael E. Christiansen, Esq.

Name

1500 N. Federal Highway, Suite 200

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

Fort Lauderdale FL 33304

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.

Michael E. Christiansen, Esq.

By

Registered Agent's Signature

(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.)

Michael E. Christiansen, Auth. Rep. of Member

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)

STATE
LABASSE, FLORIDA

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