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| Certified Copies | Certificates | of Status |
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| Special Instructions to Fili | na Officer: | |
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Office Use Only



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JULY OF CORPORATIONS

TRANSMITTAL LETTER

| Division of Corporations | | |
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The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

| Harry 1 | C. Rosenblum | - |
|---------|---------------------------|----------|
| | (Name of Person) | |
| | | |
| | | |
| | (Firm/Company) | |
| | | |
| 1765 L | incoln Park Circle | <u>.</u> |
| | (Address) | |
| Sarasot | a FLorida 3423 | 36 |
| | (City/State and Zip Code) | |



For further information concerning this matter, please call:

Harry K. Rosenblum at (941) 330 - 0966 (Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:

TO:

Registration Section

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Enclosed please find check #4175 in the amount of \$16000 which includes payment for apitional Certified Copy and Certificate at 4 atus

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company is: Eights on Hudson, LL(|
|--|
| ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: |
| Principal Office Address: Mailing Address: |
| 5arasota, Fiorida 34236 1765 Lincoln Park Circle Sarasota, Florida |
| ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: |
| The name and the Florida street address of the registered agent are: Harry K. Rosenblum Name 1765 Lincoln Park Circle Florida street address (P.O. Box NOT acceptable) Scarasota FL 34236 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 Registered Agent's Signature |

(CONTINUED)

| <u>Title:</u> "MGR" = Manager "MGRM" = Managing Member | Name and Address: |
|---|---|
| MGRM | Harry K. Rosenhlum 1765 Lincoln Fark Circle Sarasota, Florida 34236 |
| | each show a little of the state of the stat |
| The second se | |
| RTICLE V - The E (Use attachment if necessary) NOTE: An additional article m | =ffective date of these Articles August 15, 2003 nust be added if an effective date is requested. |
| REQUIRED SIGNATURE: | member or an authorized representative of a member. |
| of this document | with section 608.408(3), Florida Statutes, the execution to constitutes an affirmation under the penalties of perjury ated herein are true.) 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) |

Page 2 of 2

\$ 5.00 Certificate of Status (Optional)