

L030000 334 59

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

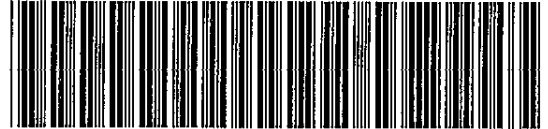
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000022244830

RECEIVED

03 SEP -4 PM 2:44

DIVISION OF CORPORATION

FILED

03 SEP -4 PM 4:38
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

BK



CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 0721000000032

REFERENCE : 229407 7115758

AUTHORIZATION :

Patricia Pizzuto

COST LIMIT : \$ 130.00

ORDER DATE : September 4, 2003

ORDER TIME : 2:15 PM

ORDER NO. : 229407-030

CUSTOMER NO: 7115758

CUSTOMER: Mr. Gerald Katz
Hodes, Ulman, Pessin & Katz,
P.a.
Suite 400
901 Dulaney Valley Road
Towson, MD 21204-2600

DOMESTIC FILING

NAME: PRINCETON OAKS FL LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - EXT. 1156

EXAMINER'S INITIALS: _____

03 SEP -4 PM 38
FILED
INTERNATIONAL FILING

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Princeton Oaks FL LLC

ARTICLE II - Address:

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

17 Commerce Street, Baltimore, MD 21202

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

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

Corporation Service Company

Name

1201 Hays Street

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

Tallahassee FL 32301

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.

Corporation Service Company

By: Deborah D. Skipper

Deborah D. Skipper

Asst. V. Pres.

Registered Agent's Signature

(An additional article must be added if an effective date is requested)

Gerald M. Katz, Authorized Person
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.)

Gerald M. Katz, Authorized Person

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)

03 SEP -4 PM 4:38
FILED
TALLAHASSEE, FLORIDA