

L04000017312

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

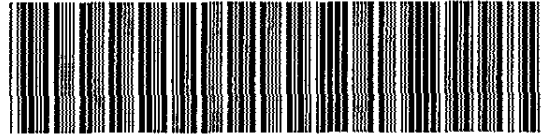
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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03/04/04-01044-005 160.00

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

04 MAR -4 PM 1:00

RECEIVED

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

04 MAR -4 PM 4:37

FILED

*[Handwritten signature]*

# 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

## CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

- 1- \_\_\_\_\_
- 2- \_\_\_\_\_
- 3- DUPLEX 9022, LLC
- 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**

**DUPLEX 9022 , LLC**

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**ARTICLE I**

**Name**

The name of this Limited Liability Company shall be **DUPLEX 9022, 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: 2875 NW 95th Avenue,  
Coral Springs, Florida 33065.

**ARTICLE IV**

**Registered Office and Agent**

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

Kevin F. Koffman  
2875 NW 95th Avenue  
Coral Springs, Florida 33065

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.

  
Kevin F. Koffman, 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

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 25<sup>th</sup> day of February, 2004.

  
\_\_\_\_\_  
KEVIN F. KOFFMAN

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