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To:

Division of Corporations

Fax Number : (850) 205-0383....

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255 . . .

Phone : (305) 634-3694

Fax Number : (305) 633-9696...

LIMITED LIABILITY COMPANY

SOUTH BAY DEVELOPERS XI, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

NOTATION OF CORPORATION

Electronic Filing Menu

Corporate Filing

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## ARTICLE I - Name:

The name of the Limited Liability Company is:

South Bay Developers XI, LLC

## ARTICLE II - Address:

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

c/o Suite 2 50 W. Mashta Drive

Key Biscayne, Florida 33149
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

NORMAN T. ROBERTS, Name 50 W. Mashta Drive Plorida street address (P.O. Box NOT accepts 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 cartificate, 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 stanutes 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 Agrae's Signature

Norman T. Roberts

Article IV - Management (Check box if applicable.)

The Limited Liability Company is to be managed by one manager or more managers and is charactere, a manager - managed company.

PRETARSELLARY

(An additional article (ban effective date is requested)

Signature at a member or an authorized representative of a member.

Norman T. Roberts (in accordance with section 608.408(3), Florida Stanues, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Norman T. Roberts

Typed or printed name of signee

Filler Feet.

5100.00 Filing For for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Cardified Copy (Optional)

5.06 Certificate of Status (Optional)

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