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To:

Division of Corporations
Fax Number : (850) 205-0383

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3-29-04

1030 am

From:

Account Name : MASTRIANA & CHRISTIANSEN, P.A.
Account Number : I19990000141
Phone : (954) 566-1234
Fax Number : (954) 564-0222

LIMITED LIABILITY COMPANY

Key West Hobe Sound, LLC

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$160.00

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DIVISION OF CORPORATION

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Key West Hobe Sound, LLC
(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to the following:

Stephen V. Hoffman, Esq.
(Name of Person)

Mastriana & Christiansen, PA
(Firm/Company)

1500 North Federal Hwy #200
(Address)

Fort Lauderdale, Florida 33304
(City/State and Zip Code)

For further information concerning this matter, please call:

Stephen V. Hoffman, Esq. at (954-) 566-1234
(Name of Person) (Area Code & Daytime Telephone Number)

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STREET ADDRESS:
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

ARTICLES OF ORGANIZATION
FOR
KEY WEST HOBE SOUND, LLC

ARTICLE I – Name:

The name of the Limited Liability Company is:

Key West Hobe Sound, LLC

ARTICLE II – Address:

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

Principal Office Address:

Paul Kozel
100 S. Birch Road, Suite 2801
Fort Lauderdale, Florida 33316

Mailing Address:

Key West Hobe Sound, LLC
100 S. Birch Road, Suite 2801
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:

Stephen V. Hoffman, Esq
1500 North Federal Highway, Suite 200
Fort Lauderdale, Florida 33304

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, Florida Statutes....



Stephen V. Hoffman, Esq.

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ARTICLE IV – Manager(s) or Managing member(s):

The name and address of each Manager or Managing Member is as follows:

Managing Member

Paul Kozel
100 S. Birch Road, Suite 2801
Fort Lauderdale, Florida 33316



Paul Kozel, Managing 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)

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