

L04000033834

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

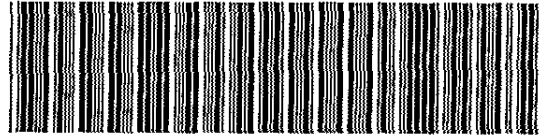
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900033195569

04/26/04--01023--003 **125.00

FILED
2004 APR 26 PM 3:15
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

J. BRYAN MAY - 4 2004

FILED
2004 APR 26 PM 3:15
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**TO: Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314**

SUBJECT: POINTE AT LOST LAKE, LLC

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

Please return all correspondence concerning this matter to the following:

**Alan Sakowitz
1111 Kane Concourse
Suite 401F
Bay Harbor Islands, FL 33154**

For further information concerning this matter, please call:

Alan Sakowitz at (305) 865-1293

**ARTICLES OF ORGANIZATION
OF
POINTE AT LOST LAKE, LLC
A Florida Limited Liability Company**

The undersigned, pursuant to the provisions of Chapter 608 of the Florida Statutes, for the purpose of forming a Limited Liability Company under the laws of the State of Florida does set forth the following:

1. **Name.** The name of the limited liability company is: POINTE AT LOST LAKE, LLC (the "Company").
2. **Mailing and Street Address of Principal Office.** The mailing and street address for the Company is: 1111 Kane Concourse, Ste. 401F, Bay Harbor Islands, FL, 33154.
3. **Registered Agent.** The name and address of the initial registered agent in the State of Florida, whose Consent to Appointment as Registered Agent accompanies these Articles of Organization, is: Alan Sakowitz, 1111 Kane Concourse, Ste. 401F, Bay Harbor Islands, FL 33154.
4. **Management.** The business of the limited liability company shall be managed by one or more members and is, therefore, a member-managed company.
5. **Effective Date.** The effective date of these Articles of Organization shall be the date on which they are filed.

The undersigned has executed these Articles of Organization on the 22nd day of April, 2004.

By: _____

Alan Sakowitz, Authorized representative

FILED
2004 APR 26 PM 3:15
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

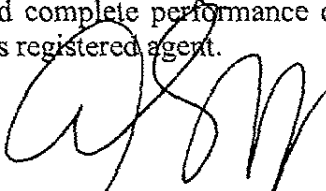
**CERTIFICATION OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: POINTE AT LOST LAKE, LLC.
2. The name and address of the registered agent and office is:

Alan Sakowitz
1111 Kane Concourse, Ste. 401F
Bay Harbor Islands, FL 33154

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 that 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.



Alan Sakowitz, Registered Agent

2/22/04

(Date)

FILED
2004 APR 26 PM 3:15
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA