

L04000040714

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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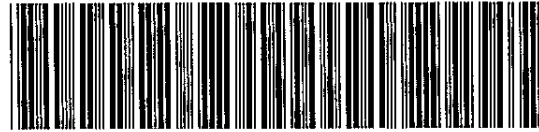
(Business Entity Name)

(Document Number)

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CLERK OF THE COURT
TALLAHASSEE, FLORIDA

BK



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 692546 4335801

AUTHORIZATION :

COST LIMIT : \$ 125.00

FILED
04 MAY 28 PM 5:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : May 27, 2004

ORDER TIME : 12:19 PM

ORDER NO. : 692546-005

CUSTOMER NO: 4335801

CUSTOMER: Aleena R. Shapiro, Esq
Shapiro And Wender, LLC

26th Floor
230 Park Avenue
New York, NY 10169

DOMESTIC FILING

NAME: HOFFMAN REAL ESTATE 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
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Troy Todd - EXT. 2940

EXAMINER'S INITIALS: _____

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

FILED
04 MAY 28 PM 5:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

HOFFMAN REAL ESTATE LLC

ARTICLE II - Address:

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

Principal Office Address:

6110 MASTERS BOULEVARD

ORLANDO, FLORIDA 32819

Mailing Address:

6110 MASTERS BOULEVARD

ORLANDO, FLORIDA 32819

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

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

JOHN P. HOFFMAN

Name

6110 MASTERS BOULEVARD

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

ORLANDO

FLORIDA 32819

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, Florida Statutes..

JOHN P. HOFFMAN

By:


Registered Agent's Signature

ARTICLE IV- Manager(s) or Managing Member(s):

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

JOHN P. HOFFMAN

6110 MASTERS BOULEVARD

ORLANDO, FLORIDA 32819

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:


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.)

By: JOHN P. HOFFMAN

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)