

Division of Corporations

Part 1 of 1

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Florida Department of State

Division of Corporations
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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To:

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

From:

Account Name : FILINGS, INC.
Account Number : 072720000101
Phone : (850) 385-6735
Fax Number : (954) 641-4192

AL

LIMITED LIABILITY COMPANY

ROCKPORT CIRCLE, L.L.C.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

DIVISION OF CORPORATION

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - NAME

The name of the Limited Liability Company is:

ROCKPORT CIRCLE, L.L.C.

ARTICLE II - ADDRESS

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

7666 Rockport Circle
Lake Worth, FL 33467

ARTICLE III - DURATION

The period of duration for the Limited Liability Company shall be: Perpetual

ARTICLE IV - MANAGEMENT

The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

David Serle
2371 Simonson Drive
Wellington, FL 33414

Nason Kaplan
19 Warren Street; No. 4-W
New York, NY 10007

ARTICLE V - ADMISSION OF ADDITIONAL MEMBERS:

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be: Members may admit additional members upon majority agreement of current members.

ARTICLE VI - MEMBERS RIGHTS TO CONTINUE BUSINESS:

The death, retirement, resignation, expulsion, bankruptcy or dissolution of any member, or the occurrence of any event which terminates the continued membership of a member of this limited liability company, shall terminate this company, unless the remaining members shall unanimously agree to continue the business of the company, in which event, this company shall not so terminate.

Steven Serle, P.A., 6070 N. Federal Highway, Boca Raton, FL 33487
Telephone: 561-912-3500, Florida Bar No. 0048736

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IN WITNESS WHEREOF, the undersigned representative of a Member has
executed these Articles of Organization on this 8 day of June, 2004.


Authorized Representative of a Member

Printed Name of Authorized Representative: David Serle

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 608.416 or 608.507, Florida Statutes, the undersigned Limited Liability Company submits the following statement to designate a Registered Office and Registered Agent in the State of Florida.

1. The name of the limited liability company is ROCKPORT CIRCLE, L.L.C.
2. The name and address of the registered agent and office is:

David Serle
2371 Simonson Drive
Wellington, FL 33414

ACKNOWLEDGMENT:

Having been named 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.

Dated: 6/8, 2004


DAVID SERLE
Registered Agent

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