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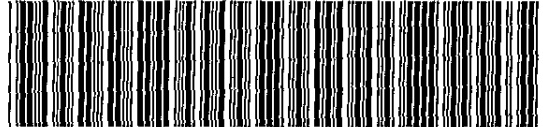
(Business Entity Name)

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CORPORATION SERVICE COMPANY

ACCOUNT NO. : 0721000000032

REFERENCE : 804638 10463A

AUTHORIZATION : *Patricia Pizito*

COST LIMIT : \$ 155.00

EFFECTIVE DATE  
7/12/04  
04 JUL 14 AM 8:09  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ORDER DATE : July 14, 2004

ORDER TIME : 4:07 PM

ORDER NO. : 804638-005

CUSTOMER NO: 10463A

CUSTOMER: Ms. Larissa K. Lincoln  
Cohen Norris Scherer  
Weinberger & Wolmer  
Suite 400  
712 U.S. Highway 1  
North Palm Bch, FL 33408-7146

DOMESTIC FILING

NAME: LONGBOAT KEY PARTNERS, LLC

EFFECTIVE DATE: JULY 12, 2004

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

CONTACT PERSON: Heather Chapman - EXT. 2908

EXAMINER'S INITIALS: \_\_\_\_\_

EFFECTIVE DATE

7/12/04

**ARTICLES OF ORGANIZATION OF  
LONGBOAT KEY PARTNERS, LLC**

The undersigned hereby forms and establishes a limited liability company pursuant to Chapter 608, Florida Statutes as follows:

**ARTICLE I**

The name of this limited liability company is LONGBOAT KEY PARTNERS, LLC

**ARTICLE II**

This limited liability company shall become effective on **JULY 12, 2004**, unless sooner terminated as provided in the Operating Agreement executed or to be executed by the members..

**ARTICLE III**

The mailing address and street address of the principal place of business of this limited liability company is 3550 Corporate Way, Suite c, Duluth, GA 30096. This limited liability company may, at its discretion, change the address of its principal place of business.

**ARTICLE IV**

The name and street address of the initial registered agent of this limited liability company is CORPORATION SERVICE COMPANY, 1201 Hays Street, Tallahassee, FL 32301.

**ARTICLE V**

The management of this limited liability company shall be vested in a manager (i.e. management committee as described in the Operating Agreement) and is, therefore, a manager-managed company. The name and address of the initial manager will be Crossgate Partners, LLC, 3550 Corporate Way, Ste C, Duluth, GA 30096.

**ARTICLE VI**

Additional members may be admitted to this limited liability company upon such terms and conditions as shall be established by the members as described in the Operating Agreement.

**IN TESTIMONY WHEREOF**, I have hereunto subscribed my name this 13<sup>th</sup> day of July, 2004.

  
ANDREW M. JACOBSON, Authorized  
Representative  
of the Managing Member

FILED  
04 JUL 14 AM 8:09  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

STATE OF FLORIDA )

COUNTY OF PALM BEACH )

The foregoing instrument was acknowledged before me this 13<sup>th</sup> day of July, 2004, by ANDREW M. JACOBSON, who is personally known to me or who has produced Florida State Driver's License Number 014 as identification and who did ( ) or did not (X) take an oath.

Executed this 13<sup>th</sup> day of July, 2004.

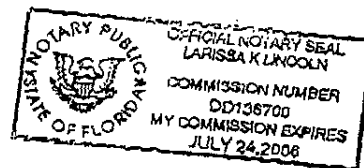


Signature of Notary

Printed Name: LARISSA K. LINCOLN

My Commission Expires:

My Commission Number:



**CERTIFICATE DESIGNATING REGISTERED  
OFFICE FOR THE SERVICE OF PROCESS  
WITHIN THIS STATE, NAMING AGENT  
UPON WHOM PROCESS MAY BE SERVED**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

That **LONGBOAT KEY PARTNERS, LLC**, a Florida Limited liability company, with its office at 3550 Corporate Way, Ste C, Duluth, GA 30096, has named **CORPORATION SERVICE COMPANY**, 1201 Hays Street, Tallahassee, FL 32301, as its initial registered agent to accept service of process within this State.

**ACKNOWLEDGMENT:**

Having been named registered agent to accept service of process for the above-stated limited liability company at the place designated in this Certificate, I hereby accept to act in such capacity and agree to comply with the applicable provisions of law.

**CORPORATION SERVICE COMPANY**

By: Deborah D. Skipper

Registered Agent **Deborah D. Skipper**  
Asst. V. Pres.

STATE OF FLORIDA                    )  
  )  
COUNTY OF \_\_\_\_\_)

The foregoing instrument was acknowledged before me this \_\_\_\_ day of July, 2004 by \_\_\_\_\_ of **CORPORATION SERVICE COMPANY** who is personally known to me or who has produced Florida State Driver's License Number \_\_\_\_\_ as identification and who did ( ) or did not ( ) take an oath.

Executed this \_\_\_\_ day of July, 2004.

\_\_\_\_\_  
Signature of Notary  
Printed Name:  
My Commission Expires:  
My Commission Number: