

L04000057388

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

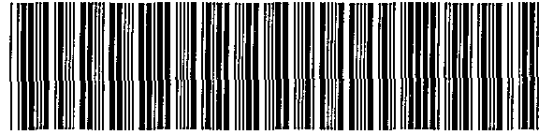
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900039333569

08/03/04--01031--015 \*\*125.00

FILED

04 AUG -3 PM 2:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

04 AUG -3 PM 11:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Handwritten signature*

# CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

FILED  
04 AUG - 3 PM 2:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Pointe at Kendall, LLC*

- ☐ Art of Inc. File
- ☐ LTD Partnership File
- ☐ Foreign Corp. File
- ☒ L.C. File
- ☐ Fictitious Name File
- ☐ Trade/Service Mark
- ☐ Merger File
- ☐ Art. of Amend. File
- ☐ RA Resignation
- ☐ Dissolution / Withdrawal
- ☐ Annual Report / Reinstatement
- ☒ Cert. Copy
- ☒ Photo Copy
- ☐ Certificate of Good Standing
- ☐ Certificate of Status
- ☐ Certificate of Fictitious Name
- ☐ Corp Record Search
- ☐ Officer Search
- ☐ Fictitious Search
- ☐ Fictitious Owner Search
- ☐ Vehicle Search
- ☐ Driving Record
- ☐ UCC 1 or 3 File
- ☐ UCC 11 Search
- ☐ UCC 11 Retrieval
- ☐ Courier

Signature

Requested by:

*WL* *8/3* *11:00*

Name

Date

Time

Walk-In

Will Pick Up

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

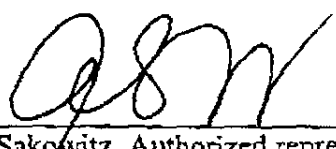
**FILED**  
04 AUG -3 PM 2:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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 KENDALL, 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 29th day of July, 2004.

By: \_\_\_\_\_

  
Alan Sakowitz, Authorized representative

**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 KENDALL, 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

7/29/04  
(Date)