

L04000062521

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

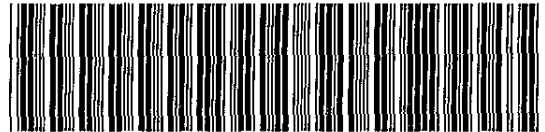
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000040153760

FILED
04 AUG 24 PM 5:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
04 AUG 24 PM 12:42
DEFINITION & REGISTRATION
DIVISION OF STATE
TALLAHASSEE, FLORIDA

[Handwritten signature]



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 859954 8739A

AUTHORIZATION :

COST LIMIT : \$ 125.00

FILED
04 AUG 24 PM 5:01
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

ORDER DATE : August 24, 2004

ORDER TIME : 10:49 AM

ORDER NO. : 859954-005

CUSTOMER NO: 8739A

CUSTOMER: Ms. Bonnie J. Phillips
Siegel Lipman Dunay &
Shepard, LLP
Suite 801
5355 Town Center Road
Boca Raton, FL 33486

DOMESTIC FILING

NAME: WOODLANDS BENT CREEK, LLC

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Heather Chapman - EXT. 2908

EXAMINER'S INITIALS: _____

FILED
04 AUG 24 PM 5:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION
OF
WOODLANDS BENT CREEK, LLC**


Article I - Name: The name of the Limited Liability Company is Woodlands Bent Creek, LLC.

Article II - Address: The mailing address and street address of the principal office of the Limited Liability Company is 1000 Clint Moore Road, Suite 110, Boca Raton, Florida 33487.

Article III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are:

Jonathan L. Shepard
5355 Town Center Road, Suite 801
Boca Raton, Florida 33486

Having been named as registered agent and to accept service of process of 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, F.S.


Jonathan L. Shepard


Jonathan L. Shepard,
Authorized Representative

(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.)