# L040000 62538

(Red	questor's Name)	
(Add	dress) ·	
(Add	dress)	
( <del></del>	(Ob-t-17: (Db	
- (Cir	y/State/Zip/Phone	· #)
- PICK-UP	☐ WAIT	MAIL
		•
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		ļ





500040153715



PRECEIVED

OF AUC 24 PM 12: 44

OF AUC 24 PM 12: 44

J. BRYAN AUG 2-5 2004



ACCOUNT NO. : 072100000032

REFERENCE :

859899

503095

AUTHORIZATION :

COST LIMIT : \$ 160.00

\_\_\_\_\_.

ORDER DATE : August 24, 2004

ORDER TIME: 10:34 AM

ORDER NO. -: 859899-015

CUSTOMER NO: 5030952

CUSTOMER: Mr. Josh Krut

Phillips, Eisinger & Brown

Suite 265, South

4000 Hollywood Boulevard Hollywood, FL 33021

### DOMESTIC FILING

NAME:

ZUCKERMAN LIVINGSTON, L.L.C.

#### EFFECTIVE DATE:

	ARTICLES	OF	INC	CORPORAT:	ION
	CERTIFICA	ΆΤΕ	OF	LIMITED	PARTNERSHIP
XX	ARTICLES	OF	ORG	JANIZATIO	ON

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea - EXT. 2914

EXAMINER'S INITIALS:

THE 24 M 9: 16

## ARTICLES OF ORGANIZATION FOR

ELES OF ORGANIZATION FOR  MITTED LIABILITY COMPANY  Dompany is:
The second secon
ompany is:
ss of the principal office of the Limited Liability Company is:
Mailing Address:
3111 University Drive, Suite 610
Coral Springs, Fl 33065
Registered Office, & Registered Agent's Signature:
ess of the registered agent are:
ess of the registered agent are:
Name lvd., Ste. 265-S
ess of the registered agent are:  Name

Having compa 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..

Registered Agent's Signature

Page 1 of 2 (CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):  The name and address of each Manager or Managing Member is as follows:						
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	THE REPORT OF THE PARTY OF THE				
MGRM	Andrew Zuckerman 3111 University Drive, Suite 610 Coral Springs, Florida 33065	The state of the s				
	<u> </u>					
(Use attachment if necessary)	-					
NOTE: An additional article must be	added if an effective date is requeste	ed.				
REQUIRED SIGNATURE:						
Signature of a member or an au	uthorized representative of a member.					
(In accordance with section 608. of this document constitutes an a that the facts stated beroin are to	408(3), Florida Statutes, the execution firmation under the penalties of perjury					
Gary L. Brown Typed or pri	nted 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)