

Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)205-0383

Account Name

: BERGER SINGERMAN

Account Number : I19990000048

Phone

: (954)525-9900

Fax Number

: (954)523-2872

LIMITED LIABILITY COMPANY

South Florida Investment Holdings, LLC

Certificate of Status	1
Certified Copy	1
Page Count	02
Estimated Charge	\$160.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
South Florida Investment Holdings, LLC		
ARTICLE II - Address: The mailing address and street address of the principal of	office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
200 S. Biscayne Boulevard, Sulte 1000	200 S. Biscayne Boulevard	
Miami, Florida 33131	Miami, Florida 33131	
Attn: Thomas O. Wells, Esq.	Attn: Thomas O. Wells, Esq.	
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature The name and the Florida street address of the registered agent are: BSPA Corporate Services, Inc. Name 350 East Las Olas Boulevard, Suite 1000		
Florida street address (P.O. Box <u>NO</u>	II acceptable)	
Ft. Lauderdale FLC City, State, and Zip	ORIDA 33301	

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 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

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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:
MGR	Thomas O. Wells, Esq.
	200 S. Biscayne Boulevard, Suite 1000
	Mlami, Florida 33131
Use attachment if necessary)	

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

Signature of a member or an anthorized representative of a member.

(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.)

Thomas O. Wells, Esq.

Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- S 5.00 Certificate of Status (Optional)

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