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(Requestor's Name)		
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Certified Copies	Certificates	s of Status
Special Instructions to Filing Officer:		
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ACCESS, INC. P.O. Box 3786	236 East 6th Avenue - Enfinhasses, Fluida 12303  6 (12315-7066)
ויו	ICK UP 9/29 (3)
CERTIFIED COPY	CUS THE
יווטזט נטויץ	
TO THE FIND	5 Member, LLC
(CORPORATE HAME & DOCUMENT II)	
CONTORATE NAME & DOCUMENT#)	
(CORPORATIE NAME & DOCUMENT #)	124104
(COMPORATE NAME & DOCUMENT #)	al
special instructions	

P	ORGANIZATION OR JABILITY COMPANY	TOWN SEP SON OF THE S
ARTICLE I - Name: The name of the Limited Liability Company is:		POST
In the Pines Member, LLC		
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Liability Company is:	:
Principal Office Address:	Mailing Address:	BETTECHIVE
12100 Wilshire Blvd., Suite 205	12100 Wilshire Blvd., Suite 205	04/94
Los Angeles, California 90025	Los Angeles, California 90025	
ARTICLE III - Registered Agent, Registered The name and the Florida street address of the r		
Paracorp Incorporated Name		
236 East 6th Avenue Florida street address (P.C	D. Box <u>NOT</u> acceptable)	
Tallahassee City, State, a	FLORIDA 32303	
ing been named as registered agent and to accept ser pany at the place designated in this certificate, I here to act in this capacity. I further agree to comply wit complete performance of my duties, and I am familia registered agent as provided for in C	rby accept the appointment as registered agent and th the provisions of all statutes relating to the proper or with and accept the obligations of my position as	

SEE ATTACHED

Registered Agent's Signature

Page 1 of 2 (CONTINUED)

		Žp.
ARTICLE IV- Manager(s) or Mar	naging Mamhay(e).	19 May 1/2
	ger or Managing Member is as follows:	1/1/20 3
Title: "MGR" = Manager	Name and Address:	ALLANASSEE PAGE
"MGRM" = Managing Member		ORIDA
MGR	National Commercial Ventures, LLC 12100 Wilshire Blvd., Suite 205	
	Los Angeles, California 90025	
		<del></del>
<b>P. C.</b>	<del></del>	
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(Use attachment if necessary)		<del></del>
SEE ATT	ACHED	
NOTE: An additional article musi	be added if an effective date is requested.	

\$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)

REQUIRED SIGNATURE:

that the facts stated herein are true.)

Elmira Sipen, authorized representative

Signature of a member or an authorized 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

Typed or printed name of signee

## STATE OF FLORIDA

## REGISTERED AGENT CONSENT FORM



DATE:

**ENTITY NAME:** 

**Paracorp Incorporated.** having been designated to act as Statutory Agent, hereby consents to act in that capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statutes.

Denise Zollner, Assistant Secretary

Paracorp Incorporated

**ARTICLE V- Effective Date** 

The effective date of the company shall be:

September 24, 2004

MIN SER 29 PM W. I W. IN SER. PLOMBA