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Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850) 205-0383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255 : (305)634-3694 Fax Number : (305)633-9696

LIMITED LIABILITY COMPANY

Name Availability Document DCC Examiner 200 Updater Herin er DCC .enfjer DCC o nar feligement

haven-rsg cedar park, l.l.c.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

OCT-12-2004

(3)

ARTICLE I - Name:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

article II - Add	iress:		
The mailing address	and street address of the principal	office of the Limite	d Liability Company
Principal Office Address:		Mailing Address: 402 11th Street North	
		•	·
	gistered Agent, Registered Office orida street address of the registere		ent's Signature:
	orida street address of the registere		ent's Signature:
he name and the Fl	orida street address of the registere Ronald It. Glas		
The name and the Fi	orida street address of the registere Ronald L. Glas Name	d agent are:	

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

Page 1 of 2 (CONTINUED)

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Title:
"MGR" = Manager
"MGRM" = Managing Member

Managing Member

Bawen Cedar Park, L.L.C.

B606 West State Road 84

Davie, Florida 33326

Hanaging Member

RSG-Bates, LLC

402 11th Street Worth

Raples, Florida 34102

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

REQUIRED SIGNATURE:

(Use attachment if necessary)

Haven Cedar Park

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

By:

Signature of a member is an authorized representative of a member.

(in accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes as affirmation under the position of perjuy that the facts stated herein are true.)

Harris Hillman
Typod or pristed tune of signee

Filing Fees:

5100.00 Paing Fee for Articles of Organization

5 25.00 Designation of Registered Agent

S 30.00 Certified Copy (Options)

S 5.00 Certificate of Status (Optional)

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