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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 : THOMAS M. CLARK, P.A.

Account Number : 072100000445 Phone : (954)776-3800 Fax Number : (954)776-3825

# LIMITED LIABILITY COMPANY

259 BUILDING, LLC

Certificate of Status	1
Certified Copy	0
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Estimated Charge	\$130.00

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11/8/2004

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any other event which terminates the continued membership of a member in this limited liability company.

### **ARTICLE NINE**

This limited liability company shall not be managed by a manager or managers, but shall be operated by the member of the limited liability company. The name and address of the member of this limited liability company is as follows:

DANIEL S. GOODRICH 4900 North Ocean Blvd., #715 Fort Lauderdale, FL 33308

### ARTICLE TEN

The member of this limited liability company shall own an undivided one hundred percent (100%) interest therein and such member shall contribute one hundred percent (100%) of the cash contribution set forth hereinabove.

IN WITNESS WHEREOF, the undersigned authorized representative of the member has executed these Articles of Organization on the \_\_\_\_\_ day of November, 2004.

THOMAS M. CLARK

STATE OF FLORIDA

COUNTY OF BROWARD)

BEFORE ME, personally appeared THOMAS M. CLARK, to me well known and known to me to be the person described in, and who acknowledged to and before me that he executed said document for the purposes therein expressed.

WITNESS my hand and official seal this 2 day of November, 2004.

Actorah K. Antonelli

My Commission Expires:

(Notarial Seal)



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## CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN FLORIDA NAMING AGENT UPON WHOM PROCESS MAY BE SERVED

IN COMPLIANCE WITH SECTION 48.091, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED:

FIRST THAT 259 BUILDING, LLC, DESIRING TO ORGANIZE OR QUALIFY UNDER THE LAWS OF THE STATE OF FLORIDA, WITH ITS PRINCIPAL PLACE OF BUSINESS AT THE CITY OF FORT LAUDERDALE, STATE OF FLORIDA, HAS NAMED THOMAS M. CLARK, AT 2400 EAST COMMERCIAL BOULEVARD, #820, FORT LAUDERDALE, FLORIDA, 33308, AS ITS AGENT TO ACCEPT SERVICE OF PROCESS WITHIN FLORIDA.

SIGNATURE:

THOMAS M. CLARK

TITLE: AUTHORIZED REPRESENTATIVE

OF MEMBER

DATE:

November 2, 2004

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED LIMITED LIABILITY COMPANY AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER ACCEPT TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES.

SIGNATURE

THOMAS M. CLARK, REGISTERED AGENT

DATE:

November **8**, 2004

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