Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations
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From:

Account Name FILINGS, INC. 072720000101 Account Number : Phone (850) 385-6735

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04 DEC 28 PM 2: 15 JIVISION OF CORPORATI

LIMITED LIABILITY COMPANY

2509 FLORIDIAN, LLC

Certificate of Status	1
Certified Copy	1
Page Count	02
Estimated Charge	\$160,00

Electronic Filing Menu.

Comparate Filing

12/28/04

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY		
ARTICLE I - Name: The name of the Limited Liability Company is:		
2509 FROREDEAN, LLC		
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:		
Principal Office Address: Mailing Address:		
BOLA RATON, FL. 33981		
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:		
The name and the Florida street address of the registered agent are:		
FRANK J. BAOALH Name		
6070 NORTH FEDERAL WIGHTURY Florida street address (P.O. Box NOT accompable)		
BOCA RATON, EL 33487 City, State, and Zip		
Having been named as registered agent and to accept service of process for the above stated Initial.		

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 familial fills and accept the obligations of my positional registered agent as provided for in Chapter 603 F.S.

Registered Agent's Signature

(CONTINUED)

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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:
MGKM - Managing Memoer	SURITH SONTAGE, 10560 SAUGRASS DRIVE, UNIT FAOL
MGRM	MARGARET MARKSONI 101 FOINTE DRIVE, FE410 NORTHEROOK, IMONOS, 6006
(Use situciment if necessary)	• •
NOTE: An additional article musi	be added if an effective date is requested.
REQUIRED SIGNATURE:	14/1/
Signature of a member	er or an authorized representative of a member.
(In accordance with se of this document consi that the facts stated	ction 608.498(3), Florida Statutes, the execution times an affirmation under the penalties of penjury herein are true.)
FRAA	ricd or printed name of signee

filing Fees:

\$125.60 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)
\$ 3.00 Certificate of Status (Optional)

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