

Division of Corporations Public Access System

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To:

Division of Corporations Fax Number : (850)205-0383

From:

Account Name : FILINGS, INC. Account Number : 072720000101 Phone

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LIMITED LIABILITY COMPANY

CITY CENTRE AT LAS OLAS ASSOCIATION, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

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COMPONIATE FILIPLE

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ARTICLES OF ORGANIZATION OF

CITY CENTRE AT LAS OLAS ASSOCIATION, LLC

A Limited Liability Company
Organized under the Laws of the State of Florida

ARTICLE 1 - NAME

The name of the limited liability company is:

CITY CENTRE AT LAS OLAS ASSOCIATION, LLC

ARTICLE II - ADDRESS

The street address and mailing address of the principal office of the Limited Liability Company is:

450 E. Las Olas Blvd., Suite 190 Fort Lauderdale, FL 33301

ARTICLE III - REGISTERED AGENT AND OFFICE

The name and the Florida street address of the registered agent are:

Nicole Allison 450 E. Las Olas Blvd., Suite 190 Fort Lauderdale, FL 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, F.S.

NICOLE ALLISON, as Registered Agent

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.

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

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