

L05000003523

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Name  
Availability

Document  
Examiner

DCC

Updater

DCC

Updater  
Verifier

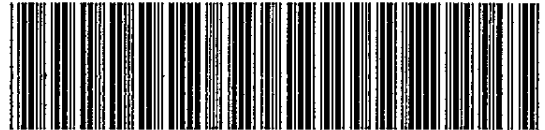
DCC

Acknowledgement

DCC

P. Verifier

DCC



700043784887

01/06/05--01017--004 \*\*130.00

FILED

2005 JAN - 6 P 12: 08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** NORTHPROP, LLC  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

TRUMAN A. SKINNER  
(Name of Person)

c/o RIVIERA DEVELOPMENT  
(Firm/Company)

1390 S. DIXIE HIGHWAY, SUITE 1105  
(Address)

CORAL GABLES, FL 33146  
(City/State and Zip Code)

For further information concerning this matter, please call:

TRUMAN A. SKINNER at ( 305 ) 740-5799  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee    ☒ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)    ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

2005 JAN -8 PM 12:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

NORTHPROP, LLC

### ARTICLE II - Address:

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

#### Principal Office Address:

1390 S. DIXIE HWY, STE 1105  
CORAL GABLES, FL 33146

#### Mailing Address:

1390 S. DIXIE HWY, STE 1105  
CORAL GABLES, FL 33146

### ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

TRUMAN A. SKINNER

Name

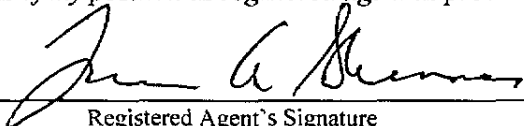
1390 S. DIXIE HWY, STE 1105

Florida street address (P.O. Box **NOT** acceptable)

CORAL GABLES, FL 33146 FL

City, State, and Zip

*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.*

  
Registered Agent's Signature

FILED  
CLERK OF STATE  
TALLAHASSEE, FLORIDA  
JUN 10 2008 P 12:08

(CONTINUED)

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

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

TRUMAN A. SKINNER

1390 S. DIXIE HWY, STE 1105

CORAL GABLES, FL 33146

MGR

HAROLD D. WHITE

1390 S. DIXIE HWY, STE 1105

CORAL GABLES, FL 33146

MGR

BRIAN A. MCBRIDE

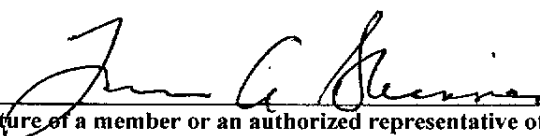
1390 S. DIXIE HWY, STE 1105

CORAL GABLES, FL 33146

(Use attachment if necessary)

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

**REQUIRED SIGNATURE:**

  
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 that the facts stated herein are true.)

TRUMAN A. SKINNER

Typed or printed name of signee

**Filing Fees:**

**\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent**

**\$ 30.00 Certified Copy (Optional)**

**\$ 5.00 Certificate of Status (Optional)**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2005 JAN -6 P 12:08

FILED