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Florida Department of State  
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## To:

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

## From:

Account Name : SHAPIRO & ADAMS, P.A.  
Account Number : I19990000101  
Phone : (561)691-0059  
Fax Number : (561)691-0066

## LIMITED LIABILITY COMPANY

8109 Roan Lane, LLC

Certificate of Status	0
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TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

8109 Roan Lane, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

2401 PGA Boulevard, Suite 272  
Palm Beach Gardens, FL 33410

**Mailing Address:**

2401 PGA Boulevard, Suite 272  
Palm Beach Gardens, FL 33410

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

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

Robert Lee Shapiro

Name

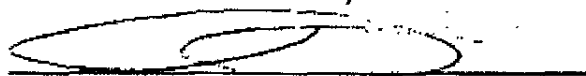
2401 PGA Boulevard, Suite 272

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

Palm Beach Gardens, FL 33410 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

(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:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**MGRMRobert Lee Shapiro2401 PGA Boulevard, Suite 272Palm Beach Gardens, FL 33410

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(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.)

Robert Lee Shapiro

Typed or printed name of signer

**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)**

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