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

From:

Account Name : HUBCO  
Account Number : 104662003400  
Phone : (516) 935-3940  
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**LIMITED LIABILITY COMPANY**

**Bamboo Properties LLC**

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

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ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name

The name of the Limited Liability Company is: **Bamboo Properties 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:

6099 Strling Road, Suite 213

6099 Strling Road, Suite 213

Davie, FL 33314

Davie, FL 33314

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

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

**Prince Donnahoe IV PA**

\_\_\_\_\_  
Name

**1200 Pine Island Road, Suite 470**

(P.O. Box or Mail Drop Box **NOT** Acceptable)

**Plantation, FL 33324**

\_\_\_\_\_  
(City / State / 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.*

*Prince A. Donnahoe IV, P.A.*

\_\_\_\_\_  
Registered Agent's Signature - Prince Donnahoe IV PA

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

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

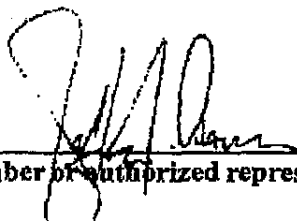
**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**MGRJeffrey Carson- 10037 SW 49 Manor, Coopercity, FL 33328MGRGary Stryder- 4820 SW 70 Avenue, Davie, FL 33314MGRElizabeth Olson- 1012 SW 49 Terrace, Plantation, FL 33317MGREsthela Martin- 1234 Johnson Street, Hollywood, FL 33019

(Use attachment if necessary)

**REQUIRED SIGNATURE:**Signature of a member or 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.)

Jeffrey Carson

Typed or printed name of signer

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