Florida Department of State Division of Corporations onic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H05000092624 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover

To:

Division of Corporations

Fax Number

: (850)205-0383

From:

Account Name

: EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255

: (305)634-3694

Fax Number

: (305)633-9696

LIMITED LIABILITY COMPANY

fountains professional center llc

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00





ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY OF

FOUNTAINS PROFESSIONAL CENTER LLC

ARTICLE I

The name of the Limited Liability Company shall: FOUNTAINS PROFESSIONAL CENTER LLC

ARTICLE II

The Company is organized for any legal and lawful purpose for which a limited liability company may be organized pursuant to the Act.

ARTICLE III

The mailing address and street address of the principal office of the Limited Liability Company is: 521 NE 11th AVENUE, FORT LAUDERDALE, FL 33132

ARTICLE IV

The name of the Managing Member(s) for this company shall be:

MANAGING MEMBER JASON HOWE MEMBER
MARC SILVERSTEIN

ARTICLE V

The name and the Florida street address of the registered agent are: MARC SILVERSTEIN, 100 NORTH BISCAYNE BOULEVARD, #1110, MIAMI, FL 33132

405000093634

، -- انگ HD5000097674

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE/MEMBER/REPRESENTATIVE

Foundains Professional Center LLC
(Name of Company)

Having been named as registered agent and to accept service of process for the above stated Limited Liability Company at the place designated in the articles of organization, 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.

Registered Agent

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.)

Typed or printed name of signee

408000097674