

L05000038106

APR-19-2005 14:08
Division of Corporations

P.01/03
1850 1 01 1

Florida Department of State
Division of Corporations
Public Access System

Electronic 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.

((H05000096466 3)))

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

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

RECEIVED
05 APR 19 PM 2:53
DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

Brock Fund No. 1, LLC

Certificate of Status	0
Certified Copy	0
Page Count	023
Estimated Charge	\$125.00

2005 APR 19 11:47
DIVISION OF CORPORATION

Menu
About
Electronic Filing Menu
Corporate Filing
Public Access Help
User
Help
Links
Contact Us

H05000096466 3

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Brock Fund No. 1, LLC**ARTICLE II - Address:**

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

Principal Office Address:1551 Forum Place, Suite 100
West Palm Beach, FL 33401**Mailing Address:**1551 Forum Place, Suite 100
West Palm Beach, FL 33401**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

Peter Brock

Name

1551 Forum Place, Suite 100Florida street address (P.O. Box NOT acceptable)West Palm Beach

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)

Page 1 of 2

H05000096466 3

2005 APR 19 AM 11:47
SECRETARY OF STATE
TELEPHONE 888-234-6739

H05000096466 3

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:MGRMPeter Brock1551 Forum Place, Suite 100West Palm Beach, FL 33401MGRMAndrew Brock1551 Forum Place, Suite 100West Palm Beach, FL 33401

(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 601.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Peter Brock

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)**

H05000096466 3