

MAY-14-2005 10:19

L05000047829

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.

((H05000122584 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 MAY 13 PM 3:11

DIVISION OF CORPORATION

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05 MAY 13 AM 9:02

FILED

LIMITED LIABILITY COMPANY

828 North Lake Ave., LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing

Public Access Help

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

The name of the Limited Liability Company is:

828 North Lake Ave., LLC**ARTICLE II - Address:**

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

Principal Office Address:c/o Bay Communities
4800 North Federal Highway, Ste. 205A
Boca Raton, FL 33431**Mailing Address:**c/o Bay Communities
4800 North Federal Highway, Ste. 205A
Boca Raton, FL 33431**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

Ronald Kaan
Name
4800 North Federal Highway, Ste. 205A
Florida street address (P.O. Box **NOT** acceptable)
Boca Raton, FL 33431 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.

Ronald Kaan
Registered Agent's Signature

(CONTINUED)

Page 1 of 2

FILED
05 MAY 13 AM 9:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>	<u>Name and Address:</u>
"MGR" = Manager	
"MGRM" = Managing Member	
<u>MGRM</u>	<u>Ronald Kaan</u>
	<u>4800 North Federal Highway, Ste. 205A</u>
	<u>Boca Raton, FL 33431</u>

(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.)

Ronald Kaan
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)

FILED
 05 MAY 13 AM 9:03
 SECRETARY OF STATE
 TALAHASSEE, FLORIDA