

L05000053977

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:



500054911675

05/24/05--01028--002 **155.00

FILED

2005 MAY 24 A 10:46

SECRETARY OF STATE
TALLAHASSEE, FL 32311

Name
Availability

Document

Examiner DCC

Updater DCC

Verifier DCC

Acknowledgement DCC

W. P. Verifier DCC

Office Use Only

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LANDMARK COMMUNITIES, LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ALLEN GELMAN
(Name of Person)

LANDMARK HOLDINGS, INC.
(Firm/Company)

6760 WEST COMMERCIAL BLVD
(Address)

FT. LAUDERDALE, FL 33319
(City/State and Zip Code)

For further information concerning this matter, please call:

ALLEN GELMAN at (954) 742-8999
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input checked="" type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|---|--|---|

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

2005 MAY 24 AM 46
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

LANDMARK COMMUNITIES, LLC

ARTICLE II - Address:

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

Principal Office Address:

6760 WEST COMMERCIAL BLVD
FT LAUDERDALE, FL 33319

Mailing Address:

6760 WEST COMMERCIAL BLVD
FT LAUDERDALE, FL 33319

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

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

ALLEN GELMAN

Name

6760 WEST COMMERCIAL BLVD

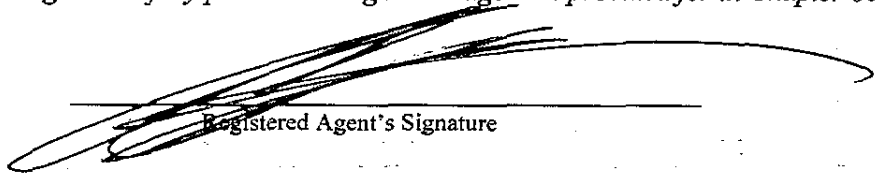
Florida street address (P.O. Box **NOT** acceptable)

FT LAUDERDALE, FL 33319 FL

City, State, and Zip

FILED
2005 MAY 24 A 10:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)

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:

MGR

ALLEN GELMAN

6760 WEST COMMERCIAL BLVD

FT LAUDERDALE, FL 33319

MGR

BARRY KAPLAN

6760 WEST COMMERCIAL BLVD

FT LAUDERDALE, FL 33319

(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.)

ALLEN GELMAN

Typed or printed name of signee

2005 MAY 24 A 10:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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)