

Jun 23 05

1:48a

Lydia Lott

850-842-6446

Division of Corporations

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Florida Department of State
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LIMITED LIABILITY COMPANY

Crystal Springs Apartments, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Crystal Springs Apartments, 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:

Tia Baugher
(Name of Person)

Corp-Link Services, Inc.
(Firm/Company)

118 West Edwards Street, Suite 200
(Address)

Springfield, IL 62704
(City/State and Zip Code)

For further information concerning this matter, please call:

Tia Baugher at (217) 789-7550
(Name of Person) (Area Code & Daytime Telephone Number)

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

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**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

Crystal Springs Apartments, LLC

ARTICLE II - Address:

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

Principal Office Address:

19355 Turnberry Way

No. GR17

Aventura FL 33180

Mailing Address:

same

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

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

NRAI Services, Inc.

Name

2731 Executive Park Drive, Suite 4

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

Weston

FLORIDA 33331

City, State, and Zip

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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, Florida Statutes..

NRAI Services, Inc.

By: Lydia Lott

Registered Agent's Signature

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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:

MGRM

Sol Heifetz

19355 Turnberry Way, No. GR17

Aventura FL 33180

MGRM

Bella Heifetz

19355 Turnberry Way, No. GR17

Aventura FL 33180

(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.)

Sol Heifetz

Typed or printed name of signer

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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