## Florida Department of State

Division of Corporations Public Access System

2005 JUN 23 A 9: 14

SECRE LANY LE STATE TALLAHÁSSEE, FLORIDA

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. (((IH05000154440 3)))

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

To:

Fax Number : (850)205-0383

From:

Account Name : FILINGS, INC. Account Number : 072720000101 Phone : (850)385-6735 Fax Number : (954)641-4192

#### LIMITED LIABILITY COMPANY

COURVOISIER COURTS - BOCA, LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00



Electronic Filing Menu

Corporate Filing

Public Access Help

P. 03

H050001544403

FILED

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

2005 JUN 23 A 9: 14 SECRETARY OF STATE TALLAHASSEE, FLORIDA

COURVOISIER COURTS - BOCA, LLC	
ARTICLE II - Address: The mailing address and street address of the	e principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
Jerome L. Engerman	Jerome L. Engerman
7571 Mandarin Drive	7571 Mandarin Drive
Boca Reton, Fl. 33433	Booa Raton, FL 33433
7571 MANDARIN DRIVE	(P.O. Box NOT acceptable)
BOCA RATON	FLORIDA 33433
City, St	ate, and Zip
ompany at the place designated in this certificate, I i rec to act in this capacity. I further agree to comply nd complete performance of my dutles, and I (am Ján registered agent as provided for	service of process for the above stated limited liability hereby accept the appointment as registered agent and with the provisions of all statutes relating to the proper with and accept the obligations of my position as in Chapter 608, Florida Statutes.
50001544403 Pm	

H050001544403

# FILED

2005 JUN 23 A 9: 14

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows: SECRETARY OF STATE
TALLAHASSEE. FLORIDA

	- 00	IALLANAS
Title:	Name and Address:	
"MCiR" = Manager "MGRM" = Managing Member		
<b>5 6</b>		
MGRM	JEROME ENGERMAN	
	7571 MANDARIN DRIVE	
	BOCA RATON, FL 33433	
MGRM	JUDITH SONTAG	•
•	19560 SAWGRASS DRIV	/E, #2201
	BOCA RATON, FL 33434	
	-	
	# tol 10	
(Use attachment if necessary)		— <u></u>
• /		
	•	
NOTE: An additional article	must be added if an effective dat	te is requested.
Activities around a design of the	1 /1/	
REQUIRED SIGNATURE:		
Signature of a member	er or an authorized representative of a	member.
	•	
(in accordance with se	ction 608.408(3), Florida Statutes, the exitutes an affirmation under the penalties	ecution of parties
that the facts stated he	rein are true.)	or hertark
FRANK J. BADACH	PA	
Lividia, audioi	ped or printed name of signed	

#### Filing Fees:

5140.00 Filing Fee for Articles of Organization

- 5 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

H050001544403