

L050000 67993

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

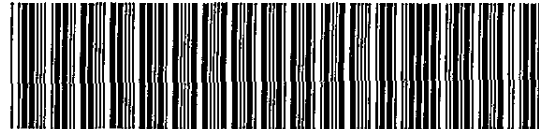
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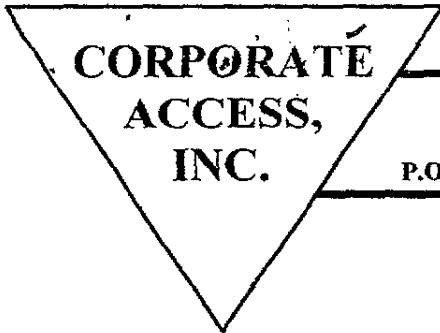


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STATE  
TALLAHASSEE, FLORIDA

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05 JUL 11 PM 4:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



236 East 6th Avenue . Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

**WALK IN**

PICK UP 7/14/05

☒ CERTIFIED COPY \_\_\_\_\_

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☒ FILING LLC \_\_\_\_\_

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05 JUL 11 PM 4:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1.) CL Eastwood, LLC  
(CORPORATE NAME & DOCUMENT #)

2.) \_\_\_\_\_  
(CORPORATE NAME & DOCUMENT #)

3.) \_\_\_\_\_  
(CORPORATE NAME & DOCUMENT #)

4.) \_\_\_\_\_  
(CORPORATE NAME & DOCUMENT #)

5.) \_\_\_\_\_  
(CORPORATE NAME & DOCUMENT #)

SPECIAL INSTRUCTIONS \_\_\_\_\_

**ARTICLES OF ORGANIZATION  
OF  
CL EASTWOOD, LLC**

**FILED**  
05 JUL 11 PM 4:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**THE UNDERSIGNED**, pursuant to the provisions of Chapter 608 of the Florida Statutes for the purpose of forming a Limited Liability Company under the laws of the State of Florida, do hereby set forth the following:

1. **NAME**

The name of the Limited Liability Company is:

**CL EASTWOOD, LLC**

2. **PERIOD OF DURATION**

This limited liability shall have perpetual existence.

3. **PURPOSE**

The Limited Liability Company shall have all of the powers vested in limited liability companies organized and existing by virtue of the laws of the State of Florida.

4. **ADDRESS OF PLACE OF BUSINESS AND MAILING ADDRESS**

The address of the place of business and mailing address in Florida for the Limited Liability Company is 4990 S.W. 52<sup>nd</sup> Street, Suite 201, Davie, Florida 33314.

5. **REGISTERED AGENT**

The name and address of the initial Registered Agent in Florida for the Limited Liability Company is Charles M. Rowars, 4990 S.W. 52<sup>nd</sup> Street, Suite 201, Davie, Florida 33314.

6. **MEMBERS**

The name, address and ownership of the members of the Limited Liability Company is as follows:

<b><u>Name</u></b>	<b><u>Address</u></b>	<b><u>Percentage</u></b>
Charles M. Rowars	4990 S.W. 52 <sup>nd</sup> Street, Suite 201, Davie, Florida 33314.	50%
Leonard Edelman	5401 N.W. 102 <sup>nd</sup> Avenue, Suite 119 Sunrise, Florida 33351	50%

7. **CONTINUITY OF BUSINESS**

The members remaining after the death, retirement, resignation, expulsion, bankruptcy or dissolution of a member, or after any other event which terminates the membership of a member, have the right to continue the business of this Limited Liability Company, subject to the approval by unanimous vote of the remaining members.

8. **MANAGEMENT**

The business and affairs of Limited Liability Company shall be managed

by managers and the names and addresses of the managers are as follows:

Charles M. Rowars      4990 S.W. 52<sup>nd</sup> Street, Suite 201,  
Davie, Florida 33314.

Leonard Edelman      5401 N.W. 102<sup>nd</sup> Avenue, Suite 119  
Sunrise, Florida 33351

9. **AMENDMENT**

The Limited Liability Company reserves the right to amend, alter or repeal any provision contained in these Articles of Organization by vote of the member.

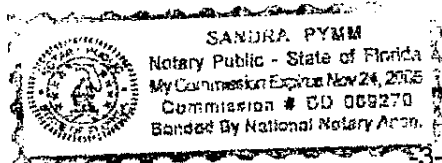
Executed this 7 day of July, 2005.

  
\_\_\_\_\_  
**CHARLES M. ROWARS** (SEAL)

  
\_\_\_\_\_  
**LEONARD EDELMAN** (SEAL)

**STATE OF FLORIDA  
COUNTY OF BROWARD**

The foregoing instrument was acknowledged before me this 7<sup>th</sup> day of July, 2005, by **Charles M. Rowars**, a member of **CL EASTWOOD, LLC**, a Florida Limited Liability Company to be formed, ☒ who is personally known to me, or ☐ who has produced \_\_\_\_\_ as identification.

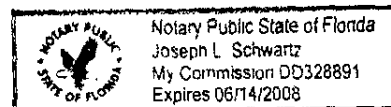


  
\_\_\_\_\_  
Notary Public - State of Florida

**STATE OF FLORIDA  
COUNTY OF BROWARD**

The foregoing instrument was acknowledged before me this 30 day of June, 2004, by **Leonard Edelman**, a member of **CL EASTWOOD, LLC**, a Florida Limited Liability Company to be formed, ☒ who is personally known to me, or ☐ who has produced N/A as identification.

  
Notary Public - State of Florida



**ACCEPTANCE BY REGISTERED AGENT**

**HAVING** been appointed the Registered Agent of **CL EASTWOOD, LLC**, the undersigned accepts such an appointment, agrees to act in such capacity and accepts the obligations proposed by Florida Statutes Section 608.415 and is herewith simultaneously designed at Registered Agent by **CL EASTWOOD, LLC**.

Executed this 7 day of July 2005.

  
\_\_\_\_\_  
**CHARLES M. ROWARS**  
Registered Agent