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(	Requestor's Name)	
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PICK-UP	☐ WAIT	MAIL
	Business Entity Name	 ∋)
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Certified Copies	Certificates	of Status
Special Instructions	to Filing Officer:	
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## **Charter Number Only**

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Melnick, Lilenfeld + Assoc.

Requestors Name
2670 NG 215 to Street

Address, Miami, Tr 33180

City State 21P Phone

ARCHARGE TO BOOK

## CORPORATION(S) NAME

) Call When Ready	( ( ) Will Wait	) Call if Problem	( ) After 4:30 k Up ( ) Mail Out
) Certified Copy	(	) Photo Copies	( ) Certificate Under Seal
) Reinstatement	(	) Reservation	( ) Change of Registered Agent
) Limited Partnership	{	) Annual Report	Dother LUC
) Foreign	(	) Dissolution	( ) Mark
) Profit ) NonProfit	(	) Amendment	( ) Merger
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Marin Dir C Toll Free: 1-800-432-3028

Name
Availability
Document
Examiner

Updater

Verifier

Acknowledgment

W P Verifier

ARTICLE I - Name: The name of the Limited Liability Company	y is:
R&D Realty Holdings, 1	
ARTICLE II - Address: The mailing address and street address of th	e principal office of the Limited Liability Compan
rincipal Office Address:	Mailing Address:
2413 NW 66th Drive. Boca Raton, FL 33496	2413 NW leleth Drive. Bora Ration, FL 33491c.
RTICLE III - Registered Agent, Registe	ered Office, & Registered Agent's Signature:
	•
he name and the Florida street address of the	

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: Name and Address: "MGR" = Manager "MGRM" = Managing Member (Use attachment if necessary) NOTE: An additional article must be added if an effective date is requested. REQUIRED SIGNATURE: Signature of amember 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 penaltics of perjury that the facts stated herein are true.) ichand Dubin Typed or printed name of signee Filing Fees: \$125.00 Filing Fee for Acticles of Organization and Designation

Page 2 of 2

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)