

L05000074261

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

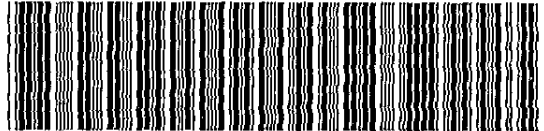
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300055952903

EFFECTIVE DATE
7/27/05

FILED
05 JUL 28 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
05 JUL 28 PM 4:13
DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 511982 4304009

AUTHORIZATION : *Patricia Pyzdek*

COST LIMIT : \$ 160.00

FILED
05 JUL 28 AM 8:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EFFECTIVE DATE
7/27/05

ORDER DATE : July 28, 2005

ORDER TIME : 3:42 PM

ORDER NO. : 511982-010

CUSTOMER NO: 4304009

CUSTOMER: Gary J. Cohen
Shutts & Bowen LLP

1500 Miami Center
201 S. Biscayne Boulevard
Miami, FL 33131

DOMESTIC FILING

NAME: AZOR WESTGATE II LLC

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kimberly Moret - EXT. 2949

EXAMINER'S INITIALS: _____

ARTICLES OF ORGANIZATION OF AZOR WESTGATE II LLC

ARTICLE I

Name

The name of the Limited Liability Company (the "Company") is:

AZOR WESTGATE II LLC

ARTICLE II

Address

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

11173 S.W. 37th Manor, Davie, Florida, 33328

ARTICLE III

Registered Agent, Registered Office, and Registered Agent's Signature

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

Beth Azor
11173 S.W. 37th Manor
Davie, Florida 33328

ARTICLE IV

Effective Date

The effective date for the formation of the Company shall be July 27, 2005.

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in these Articles, 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.

FILED
05 JUL 28 AM 8:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EFFECTIVE DATE
7/27/05

JUL-28-2005 THU 03:20 PM Shutts and Bowens
07/28/2005 THU 3:12 FAX 9543893775


FAX NO. 3053819982

P. 05
005/005


Beth Azor, Registered Agent

Date: July 28, 2005

Beth Azor Revocable Trust, Managing Member

By: 
Name: Beth Azor
Title: Trustee