

Division of Corporations

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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)205-0383
From: Account Name : C T CORPORATION SYSTEM
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05 AUG 10 AM 11:30

DIVISION OF CORPORATION

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

05 AUG 10 AM 8:58

FILED

LIMITED LIABILITY COMPANY

165 Vera Cruz, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing

Public Access Help

FROM :

FAX NO. :5616307234

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

165 Vera Cruz, LLC

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

222 Lakeview Avenue, Ste. 160254
West Palm Beach, FL 33401

222 Lakeview Avenue, Ste. 160254
West Palm Beach, FL 33401

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

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

Toni Fickett

Name

222 Lakeview Avenue, Ste 160254

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

West Palm Beach FL 33401

City, State, and Zip

05 AUG 10 AM 8:58
STATE
FALLAIASSEE, FLORIDA

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)

FROM:

FAX NO. : 5616307234

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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:

<u>Manager</u>	<u>Name and Address:</u>
	Brendan J. Greene c/o McGuire, Lee & Greene 535 Boylston Street Boston, MA 02116

STATE
TALLAHASSEE, FLORIDA
05 AUG 10 AM 8:58

(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.)

Brendan J. Greene
Typed or printed name of signer

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 4.00 Certificate of Status (Optional)