

L-05000082564

Florida Department of State  
Division of Corporations  
Public Access System

Electronic Filing Cover Sheet

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.

((H05000199449 3)))

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

To: Division of Corporations  
Fax Number : (850)205-0383

From: Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

RECEIVED  
05 AUG 19 PM 12:45  
DIVISION OF CORPORATION

05 AUG 19 AM 10:05  
STATE  
TALLAHASSEE, FLORIDA

FILED

LIMITED LIABILITY COMPANY

chateau group, llc

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

W 08/22/05

3p

2

H05000199449

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CHATEAU GROUP, LLC

ARTICLE II - Address:

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

18851 NE 29th Avenue, Suite 900  
Aventura, FL 33180

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

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

MARK E. ROUSSO, ESQ.

18851 NE 29th Avenue, Suite 900  
Aventura, FL 33180

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

ARTICLE IV - Management (Check box if applicable)

The Limited Liability Company is to be managed by the manager and is, therefore, a member managed company.

The Manager is

Manuel Grosskopf

Manuel Grosskopf

Signature of a member or an authorized representative of a member.

(In accordance with Section 608.408(9), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

MANUEL GROSSKOPF

Typed or printed name of signee

FILED  
05 AUG 19 AM 10:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

H05000199449