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(Requestor's Name)	
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PICK-UP WAIT MAIL	
(Business Entity Name)	्रियाचयाधि-चा <b>र्गाधिम-</b> -
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## TRANSMITTAL LETTER

TO:

Registration Section Division of Corporations FILED

2005 AUG 19 P 2: 46

SUBJECT: Cirque d'	Or Founders, LLC		Proper
	(Name of Limited	I Liability Company)	GECRETARY OF STAT TALLAHASSEE, FLORI
The enclosed Articles of	Organization and fee(s) are su	ubmitted for filing.	
Picase return all correspondent	ondence concerning this matter	r to the following:	
Byron G			
	4)	Name of Person)	
	(I	Firm/Company)	
2972 NW 60	oth Street		
, <del></del>		(Address)	
Ft La	uderdale, FL 33309		
<del></del>	(City/	State and Zip Code)	
For further information of	concerning this matter, please	call:	
Byron G Ellison		at ( 954 ) 582-9275	
(Name	of Person)	(Area Code & Daytime T	elephone Number)
Enclosed is a check fo	r the following amount:		
□ \$125.00 Filing Fee	□ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

STREET ADDRESS:

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY **ARTICLE I - Name:** The name of the Limited Liability Company is: Cirque d' Or Founders, 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:** 2972 NW 60th Street 2972 NW 60th Street Ft Lauderdale, FL 33309 Ft Lauderdale, FL 33309 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are: Byron G Ellison Name 2972 NW 60th Street Florida street address (P.O. Box NOT acceptable) Ft Lauderdale City, State, and Zip 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

(CONTINUED)

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.

Page 1 of 2

Title:	Name and Address:	FILED
"MGR" = Manager "MGRM" = Managing Member		ZOOS AUG 19 P 2: L
MGRM	Byron Ellison	SECRETARY OF STATE TALL AHASSEE, FLORID
	1460 NE 57th Court Ft Lauderdale, FL 33334	
MGR	Richard Craig	
	1460 NE 57th Court	
	Ft Lauderdale, FL 33334	
MGR	John Grow, Jr.	
	824 SW 1st Street	
	Boca Raton, FL 33486	

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.)

Byron G Ellison

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

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