L05000085192

(Requestor's Name)	<u> </u>
(Address)	
(Address)	·····
(City/State/Zip/Phone #)	
	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Sta	tus
Special Instructions to Filing Officer:	. 1

١

Office Use Only



08/28/05--01003--011 **160.00

FILED 05 AUG 29 AM ID: 17 SEULEDALY OF STATE TALLAHASSEE. FLORIDA



Address	earch Bee Bus TI
City/State/Zip Phone f	2-5454 Office Use Only
CORPORATION NAME(S) & DOCI	∇
1. Atlantic 650 (Corporation Name)	eola I (Document #)
2. (Corporation Name)	(Document #)
3(Corporation Name)	(Document #)
4(Corporation Name) Walk in Pick up time Mail out Will wait	(Document #) Certified Copy Photocopy
NEW FILINGS Profit Not for Profit Limited Liability Domestication Other	AMENDMENTS Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger
OTHER FILINGS Annual Report Fictitious Name	REGISTRATION/QUALIFICATION Foreign Limited Partnership Reinstatement Trademark Other
	Examiner's Initials

MANG 209 HAT ID. 1 **ARTICLES OF ORGANIZATION FOR FLORIDA** LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is:

ATLANTIC OSCEOLA I, LLC

ARTICLE II - Address

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

> 18305 Biscayne Blvd., Suite 402 Aventura, FL 33160

ARTICLE III - Registered Agent and Office and Registered Agent's Signature

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

Corporation Company of Orlando 300 South Orange Avenue Suite 1000 (JGW) Orlando, Florida 32801-3373

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, Flortda Statutes.

Willard, President James hard, Authorized Representative 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.

ORLDOCS 10342993 1