

L05000085752

(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



800058568958

08/29/05--01017--025 **125.00

W 08/30/05
FILED
05 AUG 29 PM 3:15
SECURITY COPY
TALLAHASSEE, FLORIDA

S&S ENTERPRISES, INC.
400 HIGHPOINT DRIVE
SUITE 500
COCOA, FL 32926

Secretary of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32301

Re: Articles of Organization of SEABRANCH SQUARE, L.L.C.
Articles of Organization of SPYGLASS MEDICAL BUILDING, L.L.C.
Articles of Organization of CROSSROADS PLAZA OF SEBASTIAN, L.L.C

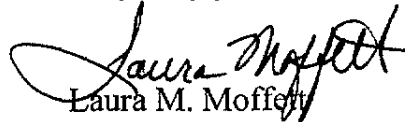
Dear Sir/Madam:

Enclosed find an original and one copy of Articles of Organization for each of the above-captioned Limited Liability Companies, together with checks in the sum of \$125.00 each to cover your filing fees.

Please stamp the copy of each of the Articles of Organization with the date received in your office and return to the undersigned.

Thank you for your assistance in this matter.

Very truly yours,


Laura M. Moffett

FILED
05 AUG 29 PM 3:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

WE HAVE OBTAINED FEDERAL ID NUMBERS FOR THESE ENTITIES:

SEABRANCH SQUARE, L.L.C.	20-3337924
SPYGLASS MEDICAL BUILDING, L.L.C.	20-3337976
CROSSROADS PLAZA OF SEBASTIAN, L.L.C.	20-3353595

**ARTICLES OF ORGANIZATION
OF
SPYGLASS MEDICAL BUILDING, L.L.C.**

The undersigned subscriber to these Articles of Organization and intending to form and create a Limited Liability Company pursuant to the statutes of the State of Florida, does hereby state and certify the following:

I.

The name of the Limited Liability Company shall be SPYGLASS MEDICAL BUILDING, L.L.C.

II.

The mailing and street address of the Limited Liability Company and its principal office is: 400 HIGH POINT DRIVE, SUITE 500, COCOA, FL 32926.

III.

The name and street address of the initial registered agent of the Limited Liability Company in the State of Florida is T.A. VANI, 400 HIGH POINT DRIVE, SUITE 500, COCOA, FL 32926.

IV.

The Limited Liability Company shall be managed by its Member(s) and the activities of the Limited Liability Company shall be conducted as a member-managed company in accordance with the terms of the Limited Liability Company Operating Agreement.

V.

The name and address of the Initial Member and Initial Manager of the Limited Liability Company is as follows:

Name	Address
S&S ENTERPRISES, INC. T.A. VANI, PRESIDENT	400 HIGH POINT DRIVE. SUITE500, COCOA, FL 32926

VI.

The Limited Liability Company shall have the right to add additional members according to the terms of the Limited Liability Company Operating Agreement.

VII.

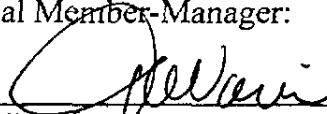
This Limited Liability Company shall exist perpetually.

IN WITNESS WHEREOF, the undersigned, in his respective capacities as initial member and initial member-manager for the purpose of forming a Limited Liability Company under the laws of the State of Florida, does make and file these Articles of Organization, hereby declaring and certifying that the facts herein stated are true and hereunto sets his hand and seal this 22nd day of August, 2005.

Initial Member:
S&S Enterprises, Inc.


By: T.A. Vani, President

Initial Member-Manager:

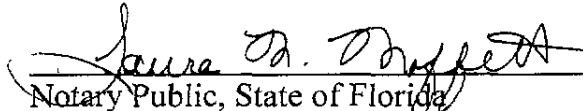

By: T.A. Vani, President

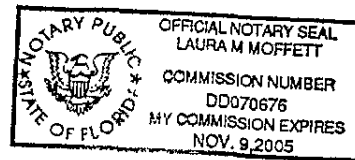
FILED
05 AUG 29 PM 3:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE OF FLORIDA
COUNTY OF BREVARD

BEFORE ME, the undersigned authority, an officer duly authorized to administer oaths and take acknowledgments, personally appeared T.A. VANI, President of S&S ENTERPRISES, INC. known to me to be the person who executed the foregoing Articles of Organization, and acknowledged before me that he executed the same freely and voluntarily for the purposes therein expressed, as Initial Member and Initial Member-Manager.

WITNESS my hand and official seal this 22nd day of August, 2005.


Notary Public, State of Florida
My Commission Expires:



FILED
05 AUG 29 PM 3:45
CLERK OF STATE
TALLAHASSEE, FLORIDA

STATEMENT OF DESIGNATION AND ACCEPTANCE
OF INITIAL REGISTERED AGENT AND REGISTERED OFFICE OF

SPYGLASS MEDICAL BUILDING, L.L.C.

Pursuant to the provisions of Section 608.415, Florida Statutes, the undersigned hereby files this statement of the designation and acceptance of the initial registered agent of the Limited Liability Company.

The street address of the initial registered office of this Limited Liability Company is 400 Highpoint Drive, Suite 500, Cocoa, FL 32926, and the name of the initial registered agent of this Limited Liability Company at that address is T.A. VANI.

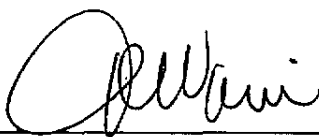
DATED this 22nd day of August, 2005.

S&S ENTERPRISES, INC.


By: T.A. Vani, President

ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

I hereby accept appointment as the registered agent of SPYGLASS MEDICAL BUILDING, L.L.C., at the initial registered office of the Limited Liability Company at 400 Highpoint Drive, Suite 500, Cocoa, FL 32926.


T.A. VANI

FILED
05 AUG 29 PM 3:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA