# Florida Department of State

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To:

Division of Corporations

Fax Number : (850) 205-0383

From:

Account Name : FRANK, WEINBERG, BLACK, P.L.

Account Number: 120040000083 Phone: (954)474-8000 Fax Number: (954)474-9850

OF CONPORALIC

LIMITED LIABILITY COMPANY

Tarpon Bend - Atlantic Avenue, LLC

Certificate of Status	0
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### ARTICLES OF ORGANIZATION OF TARPON BEND - ATLANTIC AVENUE, LLC

The undersigned does hereby subscribe to and file these Articles of Organization for the purpose of organizing a limited liability company under the Florida Limited Liability Company Act.

ARTICLE I

The name of this limited liability company is:

Tarpon Bend - Atlantic Avenue, LLC

## ARTICLE II PRINCIPAL OFFICE/MAILING ADDRESS

The principal office and mailing address of this limited liability company is:

200 S.W. 2nd Street, Suite A Fort Lauderdale, Florida 3330)

#### ARTICLE III REGISTERED AGENT, REGISTERED OFFICE AND REGISTERED AGENT'S SIGNATURE

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

Timothy R. Petrillo 200 S.W. 2<sup>nd</sup> Street, Suite A Fort Lauderdale, FL 33301

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

Prepared By:

Staven C. Elkin, Beq. Ber No. 712366 Frank, Weinberg & Blank, P. L. 7803 S.W. 6\* Count Plantation, FL 33324 (954) 474-8000

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registered agent and agree to act in this capacity. I further agree to camply 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

The limited liability company is to be managed by one or more managers and is, therefore, a manager-managed company. Timothy R. Petrillo shall be the initial Manager of the limited liability company.

Signature of a member or so susborized representative of a member.

Timothy R. Petrillo. Authorized Representative of the Members
Typed or printed mean of signes

(in accordance with Section 608.408(3), Floride Statutes, the execution of this document constitutes an affirmation under panelties of perjury that the facts stated herein are true.)

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