

LOG000088944

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

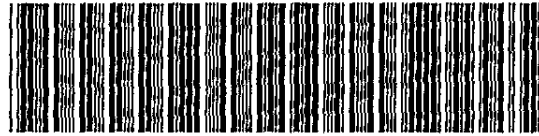
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05 SEP - 6 PM 12:46

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TRANSMITTAL LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314


September 2, 2005

**SUBJECT: Organization of COMMODORE 305, LLC, OCEANVIEW 804, LLC,
ARLEN 208 LLC, and SUNPOINT 261 LLC**

Enclosed are the articles of organization and resident agent designations as to
COMMODORE 305, LLC, OCEANVIEW 804, LLC, ARLEN 208 LLC, and
SUNPOINT 261 LLC and my check for \$620.00 to cover the costs of

Filing Fee	\$125.00
Resident Agent Fee	25.00
Certified copy	30.00

for each LLC


GERALD FORMAN, ESQ.
113 W. Bayridge Drive
Weston, FL 33326
954-3842688

SEP 6 2005
DIVISION OF STATE
CORPORATIONS
TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION OF COMMODORE 305, LLC

ARTICLE ONE

The name of this limited liability company shall be:

COMMODORE 305, LLC

ARTICLE TWO

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

ALBERTO HOLCMAN
2750 NE 183 Street
Aventura, FL 33160

ARTICLE THREE

The name and Florida Street address of this limited liability company's resident agent is.

ALBERTO HOLCMAN
2750 NE 183 Street
Aventura, FL 33160

ARTICLE FOUR

This limited liability company is to be managed by one or more managers and is to be a limited liability manager-managed company. The initial manager of this limited liability company is:

ALBERTO HOLCMAN

IN WITNESS WHEREOF, the undersigned organizers have made and subscribed these Articles of Organization at Miami, Miami-Dade County, Florida on this August, 2005.


ALBERTO HOLCMAN

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CERTIFICATE OF DESIGNATION
OF REGISTERED AGENT/REGISTERED OFFICE


Pursuant to the provisions of Section 617.0501, Florida Statutes,
the undersigned Limited Liability Company,

COMMODORE 305, LLC

organized under the laws of the State of Florida, submits the
following statement in designating the registered
office/registered agent, in the State of Florida.

First-That desiring to organize under the laws of the State
of Florida with its principal office, as indicated in the Articles
of Organization has named Alberto Holcman as Registered Agent
located at, 2750 NE 183 St., Aventura, FL 33160 County of
Miami-Dade, State of Florida, as its agent to accept service of
process within this State.

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF
PROCESS FOR THE ABOVE STATED ORGANIZATION 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.


Alberto Holcman

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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