65000 91311

| (Req | uestor's Name) | |
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| PICK-UP | WAIT | MAIL |
| | <u></u> | |
| (Busi | iness Entity Nan | ne) |
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| Certified Copies | Certificates | of Status |
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| Special Instructions to F | iling Officer: | |
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Office Use Only



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2005 SEP -9 AM II: 16
SECRETARY OF STATE.
ALLAHASSEE ESTATE.

W5-91311

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company | ' is: | | | |
|---|---|--|--|--|
| 2905 Enclavesuites 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: | | | |
| 160 West 71 St. # 11 T | 160 West 71 St. # 11 T | | | |
| New York, NY 10023 | New York, NY 10023 | | | |
| The name and the Florida street address of the | - · | | | |
| C.J. W | | | | |
| Na | me | | | |
| | Rouge Court 75 22 | | | |
| Florida street | address (P.O. Box NOT acceptable) | | | |
| | ndo FL 32818 | | | |
| City, Sta | te, and Zip | | | |
| Having been named as registered agent and liability company at the place designated | to accept service of process for the above stated littleted in this certificate, I hereby accept the appointment as | | | |
| registered agent and agree to act in this capa statutes relating to the proper and complete | city. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and | | | |
| Registered Age | egistered agent as provided for in Chapter 608, F.S | | | |

(CONTINUED)

Page 1 of 2

| ARTICLE IV | - Manager(| s) or Managi | ng Member(s): |
|------------|------------|--------------|---------------|
|------------|------------|--------------|---------------|

The name and address of each Manager or Managing Member is as follows:

| <u>Title:</u> "MGR" = Manager "MGRM" = Managing Men | Name and Address: |
|---|--|
| Mgr. | Lourdes T. Rao |
| mgr. | 160 West 71 St. # 11 T |
| | New York, NY 10023 |
| | |
| | |
| | |
| | |
| | |
| <u></u> | |
| | |
| (Use attachment if necessar | • • |
| NOTE: An additional art | icle must be added if an effective date is requested |
| REQUIRED SIGNATURE | E: |
| | 1 0 |
| | Xourses T. Hat |
| Signature | of a member or an authorized representative of a member. |
| of this docu | nce with section 608.408(3), Florida Statutes, the execution ument constitutes an affirmation under the penalties of perjury acts stated herein are true.) |
| | Lourdes T. Rao |
| | Typed or printed name of signee |
| Filing Fees: | |
| \$125.00 Filing Fee for Article of Registered Agen | les of Organization and Designation |
| or registered Agen | it |

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