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CT CORPORATION SYSTEM

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Division of Corporations

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Florida Department of State A 10:49

Division of Corporations

Public Access System

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Division of Corporations

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DIVISION OF CORPORATIONS

LIMITED LIABILITY COMPANY

AL 11

Clearlake Pines TIC, LLC

Certificate of Status	0
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FILED**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**2005 OCT 13 A 10:
SECRETARY OF ST/
TALLAHASSEE, FLO**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Clearlake Pines LLC, LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:

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

Principal Office Address:1901 West Cypress Creek, Suite 415
Fort Lauderdale, FL 33309**Mailing Address:**1901 West Cypress Creek, Suite 415
Fort Lauderdale, FL 33309**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

CT Corporation System

Name

1200 South Pine Island RoadFlorida street address (P.O. Box **NOT** acceptable)Plantation, Florida 33324

City, State, and Zip

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, F.S.

CT Corporation System

Conan Lynn Francis Asst. Secy
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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FILED**ARTICLE IV- Manager(s) or Managing Member(s):**

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA**Title:**

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:MGRM

Stephen A. Chateck

1901 West Cypress Creek, Suite 415

Fort Lauderdale, FL 33309

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: Upon Filing, (OPTIONAL)
 (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

 Signature of a member or an authorized representative of a member.

(In accordance with section 603.403(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Justika Wise, Paralegal, Authorized Representative

Typed or printed name of signee

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)