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## Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number

: (850)205-0383

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.

Account Number : 075350000353 Phone : (212)431-5000 Fax Number : (212)431-1441

RESELVED 5 OCT 17 ANTI: 35 VISION OF CORPORATION

## LIMITED LIABILITY COMPANY

## TAMARAC UNIVERSITY DRIVE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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J. BRYAM OCT 1 8 2005

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ARTICLE I - N2	ame:	· · · · · · · · · · · · · · · · · · ·	1
The name of the I	Limited Liability Com	npany is:	Ų
TAMARAC UNIVE	RSITY DRIVE, LLC		_
ARTICLE II - A		afthe entering after afthor the strikes	Ø.
i ne maning addr	ess and street address	of the principal office of the Limited Liability	CO.
Principal Office Address:		Mailing Address:	
7707 N. UNIVERS	ITY DRIVE	SAME AS PRINCIPAL OFFICE ADDRI	<b>E88</b>
TINE IN CHIEF			عنس
TAMARAC, FL 33	321		
	321		
TAMARAĆ, FL 333		egistered Office, & Registered Agent's Signs	tui
TAMARAC, FL 333	Registered Agent, Re	egistered Office, & Registered Agent's Signs s of the registered agent are:	etur
TAMARAC, FL 333	Registered Agent, Re		etui
TAMARAC, FL 333	Registered Agent, Re		ıtuı
TAMARAC, FL 333	Registered Agent, Re	s of the registered agent are:	etun
TAMARAC, FL 333	Registered Agent, Re Florida street addres THOMAS O'NEIL 7707 N. UNIVERSIT	s of the registered agent are:	tui

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.

(CONTINUED)

BlumbergExcelsior 62 White Street New York, NY 10013

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

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

GRM	F	(EESHA H	OLDINGS	B PAMILY LIMI	TED PARTN	ERSHIP	
•	· ፲	THOMAS O'NEIL, GENERAL PARTNER 3020 N.E. 43RD ST., FT. LAUDERDALE, FL					
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							9.30

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

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

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

KEESHA HOLDINGS FAMILY LIMITED PARTNERSHIP

THOMAS O'NEIL, GP

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)

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