

L05000111714

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

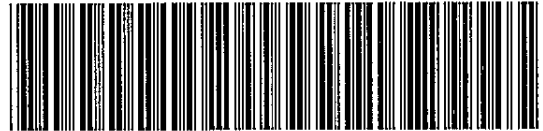
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

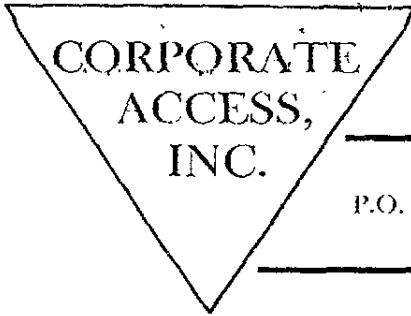
Office Use Only



600061387746

11/18/05--111007--019 **195.00

FILED
RECEIVED
05 NOV 18 PM 1:10
05 NOV 18 AM 10:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
TALLAHASSEE, FLORIDA



"When you need ACCESS to the world"

195

236 East 6th Avenue Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666 Fax (850) 222-1666

WALK IN

PICK UP:

- ☒ CERTIFIED COPY
- ☐ PHOTOCOPY
- ☒ CUS
- ☒ FILING

11/18/05 *Hand*
(2 Sets)
(2 Certs)
LLC
05 NOV 18 PM 1:10
FILED
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

1. Aspen East Managers, LLC
(CORPORATE NAME AND DOCUMENT #)
2. _____
(CORPORATE NAME AND DOCUMENT #)
3. _____
(CORPORATE NAME AND DOCUMENT #)
4. _____
(CORPORATE NAME AND DOCUMENT #)
5. _____
(CORPORATE NAME AND DOCUMENT #)
6. _____
(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

**ARTICLES OF ORGANIZATION
OF
ASPEN EAST MANAGERS, LLC**

THE UNDERSIGNED, pursuant to the provisions of Chapter 608 of the Florida Statutes for the purpose of forming a Limited Liability Company under the laws of the State of Florida, do hereby set forth the following:

1. **NAME**

The name of the Limited Liability Company is:

ASPEN EAST MANAGERS, LLC

2. **PERIOD OF DURATION**

This limited liability shall have perpetual existence.

3. **PURPOSE**

The Limited Liability Company shall have all of the powers vested in limited liability companies organized and existing by virtue of the laws of the State of Florida.

4. **ADDRESS OF PLACE OF BUSINESS AND MAILING ADDRESS**

The address of the place of business and mailing address in Florida for the Limited Liability Company is 4990 S.W. 52nd Street, Suite 201, Davie, Florida 33314.

5. **REGISTERED AGENT**

The name and address of the initial Registered Agent in Florida for the Limited Liability Company is Charles M. Rowars, 4990 S.W. 52nd Street, Suite 201,

FILED
05 NOV 18 PM 1:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Davie, Florida 33314.

6. **MEMBERS**

The name, address and ownership of the members of the Limited Liability Company is as follows:

<u>Name</u>	<u>Address</u>	<u>Percentage</u>
Charles M. Rowars	4990 S.W. 52 nd Street, Suite 201, Davie, Florida 33314.	75%
Barry Rowars	4990 S.W. 52 nd Street, Suite 201, Davie, Florida 33314.	25%

7. **CONTINUITY OF BUSINESS**

The members remaining after the death, retirement, resignation, expulsion, bankruptcy or dissolution of a member, or after any other event which terminates the membership of a member, have the right to continue the business of this Limited Liability Company, subject to the approval by unanimous vote of the remaining members.

8. **MANAGEMENT**

The business and affairs of Limited Liability Company shall be managed by managers and the names and addresses of the managers are as follows:

Charles M. Rowars	4990 S.W. 52 nd Street, Suite 201, Davie, Florida 33314.
Barry Rowars	4990 S.W. 52 nd Street, Suite 201, Davie, Florida 33314.

9. **AMENDMENT**

The Limited Liability Company reserves the right to amend, alter or repeal any provision contained in these Articles of Organization by vote of the member.

Executed this 17 day of November, 2005.

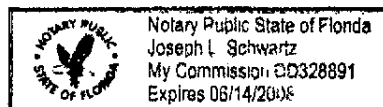
 (SEAL)
CHARLES M. ROWARS

 (SEAL)
BARRY ROWARS

**STATE OF FLORIDA
COUNTY OF BROWARD**

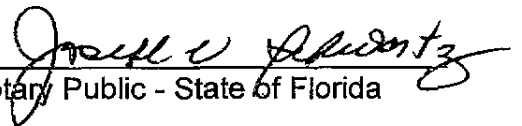
The foregoing instrument was acknowledged before me this 17 day of November, 2005, by **Charles M. Rowars**, a member of **ASPEN EAST MANAGERS, LLC**, a Florida Limited Liability Company to be formed, ☐ who is personally known to me, or ☐ who has produced _____ as identification.

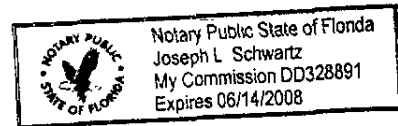

Notary Public - State of Florida



STATE OF FLORIDA
COUNTY OF BROWARD

The foregoing instrument was acknowledged before me this 17 day of November, 2005, by **Barry Rowars**, a member of **ASPEN EAST MANAGERS, LLC**, a Florida Limited Liability Company to be formed, ☒ who is personally known to me, or ☐ who has produced a/d as identification.

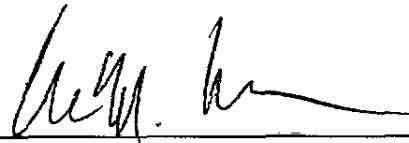

Notary Public - State of Florida



ACCEPTANCE BY REGISTERED AGENT

HAVING been appointed the Registered Agent of **ASPEN EAST MANAGERS, LLC**, the undersigned accepts such an appointment, agrees to act in such capacity and accepts the obligations proposed by Florida Statutes Section 608.415 and is herewith simultaneously designed at Registered Agent by **ASPEN EAST MANAGERS, LLC**.

Executed this 4 day of November 2005.



CHARLES M. ROWARS
Registered Agent