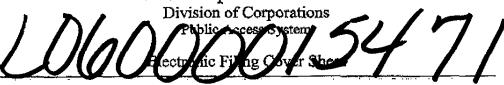
Florida Department of State



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Division of Corporations

Fax Number

: (850)205-0383

: TURNBERRY ASSOCIATES Account Name

Account Number : 119990000201 Phone

: (305)933-5505

Fax Number

: (305)933-5535

## FLORIDA/FOREIGN LIMITED LIABILITY CO.

Turnberry BH, LLC

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$130.00

Electronic Filing Menu

Corporate Filing Menu

Help

The name of the Limited Liability Company is:

**ARTICLE I - Name:** 

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

TURNBERRY BH, LLC (Must end with the words "Limited Liability Company, "Limited	d Company" or their abbreviation "LLC," or "L.C.,")		
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Comp	any is	s:
Principal Office Address:	Mailing Address:		
19501 Biscayne Boulevard, Suite 400	19501 Biscayne Boulevard, Suite 400		
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)  The name and the Florida street address of the remainder of the Registration A. Romine  Name	ared Agent. You must designate an individual or another	2006 FER 10 AH 9:	DIVISION OF DESCRIPTION
19501 Biscayne Bou	rlevard, Suite 400 ress (P.O. Box <u>NOT</u> acceptable)	50	)
Aventura,	FL 33180		

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.

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

305 933 5535

<u>Title:</u> "MGR" = Man "MGRM" = M	ager anaging Member	Name and Address:	
MGRM	<del></del>	Jeffrey Soffer 19501 Biscayne Boulevard, Suite 400 Aventura, FL 33180	
	·····		<u> </u>
		-	<del></del>
(Use attachmen			<u> </u>
CLE V: Effectiv	e date, if other than the isted, the date must be	date of filing: (OPT) e specific and cannot be more than five busines	— (ONAL) is days prio
CLE V: Effective	e date, if other than the isted, the date must be date of filing.)	date of filing: (OPTI e specific and cannot be more than five busines	(ONAL) is days prio
CLE V: Effective effective date is I 00 days after the	e date, if other than the isted, the date must be date of filing.)  IGNATURE:	e specific and cannot be more than five busines	s days prio
CLE V: Effective effective date is I 00 days after the	e date, if other than the isted, the date must be date of filing.)  IGNATURE:  Signature of a member (In accordance with sec	r or an authorized representative of a member.  Action 608.408(3), Florida Statutes, the execution tutes an affirmation under the penalties of perjury	CONAL)  s days prio

Page 2 of 2

\$125.00 Filing Fee for Articles of Organization and Designation

of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)