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N SERVICE COMPANY	
ACCOUNT NO.: 072100000032	
REFERENCE: 967943 7448543	
AUTHORIZATION: Spelle Ren	7. 20
COST LIMIT : \$ 155.00	2006 APA
ORDER DATE: April 6, 2006 ORDER TIME: 11:33 AM	R-6 PM 3: HASSEE, FLOR
ORDER NO. : 967943-035	
CUSTOMER NO: 7448543	II.
DOMESTIC FILING NAME: NORTHWEST COMMONS II, LLC	
EFFECTIVE DATE:	
ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP ARTICLES OF ORGANIZATION	
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:	
XX CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING	
CONTACT PERSON: Susie Knight - EXT. 2956	
EXAMINER'S INITIALS:	

ARTICLE I - Name:	AS THE
The name of the Limited Liability Company i	
	五 五
Northwest Commons II, LLC	552
(Must end with the words "Limited Liability Company, "Lin	nited Company" or their abbreviation "LLC," or "L.C.," "
ARTICLE II - Address:	10 ST ST ST
The mailing address and street address of the	principal office of the Limited Liability Company is:
	7
Principal Office Address:	Mailing Address:
8441 Cooper Creek Blvd	8441 Cooper Creek Blvd
University Park, Florida 34201	University Park, Florida 34201
	· · · · · · · · · · · · · · · · · · ·
The name and the Florida street address of the	registered agent are:
The name and the Florida street address of the Alicia H. Gayton	e registered agent are:
Alicia H. Gayton Nan	
Alicia H. Gayton Nam 8441 Cooper Creek Blvd	
Alicia H. Gayton Nam 8441 Cooper Creek Blvd	ne
Alicia H. Gayton Nam 8441 Cooper Creek Blvd Florida street a	nddress (P.O. Box <u>NOT</u> acceptable) FI 34201
Alicia H. Gayton Nam 8441 Cooper Creek Bivd Florida street a University Park City, State	nddress (P.O. Box <u>NOT</u> acceptable) FI 34201
Alicia H. Gayton Nam 8441 Cooper Creek Blvd Florida street a University Park City, State Having been named as registered agent and the liability company at the place designated in	iddress (P.O. Box <u>NOT</u> acceptable) FL 34201 B, and Zip o accept service of process for the above stated limited in this certificate, I hereby accept the appointment as
Alicia H. Gayton Nam 8441 Cooper Creek Bivd Florida street a University Park City, State Having been named as registered agent and t liability company at the place designated in registered agent and agree to act in this capac	Address (P.O. Box <u>NOT</u> acceptable) FL. 34201 c, and Zip o accept service of process for the above stated limited in this certificate, I hereby accept the appointment as sity. I further agree to comply with the provisions of all
Alicia H. Gayton Nam 8441 Cooper Creek Bivd Florida street a University Park City, State Having been named as registered agent and t liability company at the place designated is registered agent and agree to act in this capac statutes relating to the proper and complete	Address (P.O. Box <u>NOT</u> acceptable) FL 34201 e, and Zip o accept service of process for the above stated limited in this certificate, I hereby accept the appointment as sity. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and
Alicia H. Gayton Name 8441 Cooper Creek Blvd Florida street a University Park City, State Having been named as registered agent and to liability company at the place designated in registered agent and agree to act in this capacity statutes relating to the proper and completed accept the obligations of my position as reference.	ddress (P.O. Box NOT acceptable) FL 34201 a, and Zip o accept service of process for the above stated limited at this certificate, I hereby accept the appointment as sity. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and gistered agent as provided for in Chapter 608, F.S
Alicia H. Gayton Nam 8441 Cooper Creek Bivd Florida street a University Park City, State Having been named as registered agent and t liability company at the place designated is registered agent and agree to act in this capac statutes relating to the proper and complete	ddress (P.O. Box NOT acceptable) FL 34201 a, and Zip o accept service of process for the above stated limited at this certificate, I hereby accept the appointment as sity. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and gistered agent as provided for in Chapter 608, F.S

(CONTINUED)
Page 1 of 2

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

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

	Name and Address:
'MGR" = Manager 'MGRM" = Managing Member	
MGR	David H. Baldauf
WOK	
	8441 Cooper Creek Blvd. University Park, FL 34201
	3
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Use attachment if necessary)	
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ective date is listed, the date mus days after the date of filing.) REQUIRED SIGNATURE: X Signature of a meaning statement X	H Raldan mber or an authorized representative of a member.
fective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE: Signature of a men (In accordance with of this document of	H Roldon mber or an authorized representative of a member. a section 608.408(3), Florida Statutes, the execution constitutes an affirmation under the penalties of perjury
ective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE: Signature of a ment of this document or that the facts stated.	H Roldon mber or an authorized representative of a member. n section 608.408(3), Florida Statutes, the execution

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)