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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

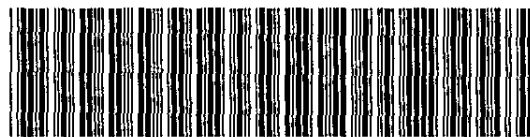
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05 MAY -9 PM 3:34

B McKnight MAY 17 2006

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PARK 65, LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Paul Corban

(Name of Person)

(Firm/Company)

1600 Sawgrass Corporate Parkway, Suite 300

(Address)

Sunrise, Florida 33323

(City/State and Zip Code)

For further information concerning this matter, please call:

Paul Corban

(Name of Person)

at (954) 753-1730

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|---|---|--|

Mailing Address

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION

OF

PARK 65, LLC,
a Florida limited liability company

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 set forth the following:

1. NAME. The name of the Limited Liability Company (the "Company") is:

PARK 65, LLC

2. MAILING AND STREET ADDRESS OF PRINCIPAL OFFICE. The mailing and street address for the Company is:

1600 Sawgrass Corporate Parkway, Suite 300
Sunrise, Florida 33323.

3. MANAGER. The name and address for the Manager of the Company is:

Paul Corban
1600 Sawgrass Corporate Parkway, Suite 300
Sunrise, Florida 33323

4. REGISTERED AGENT. The name and address of the initial registered agent in the State of Florida, whose Consent to Appointment as Registered Agent accompanies these Articles of Organization, is:

Paul Corban
1600 Sawgrass Corporate Parkway, Suite 300
Sunrise, Florida 33323

The undersigned has executed these Articles of Organization on the 5th day of May, 2006.

By: _____

Paul Corban, Authorized Person

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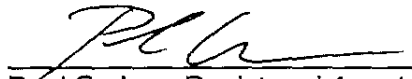
**CERTIFICATION OF DESIGNATION
OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: PARK 65, LLC.
2. The name and address of the registered agent and office is:

Paul Corban
1600 Sawgrass Corporate Parkway, Suite 300
Sunrise, Florida 33323

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 its 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.


Paul Corban, Registered Agent

May 5, 2006
(Date)

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