

L06000082865

Florida Department of State
Division of Corporations
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((H06000210403 3))



H06000210403ABCQ

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To:
Division of Corporations
Fax Number : (850)205-0383

From:
Account Name : GASSMAN & ASSOCIATES, P.A.
Account Number : 075350000514
Phone : (727)442-1200
Fax Number : (727)443-5829

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TALLAHASSEE, FLORIDA

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DIVISION OF CORPORATIONS

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Lust

FLORIDA/FOREIGN LIMITED LIABILITY CO.

1250 ROGERS STREET, L.L.C.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: 1250 ROGERS STREET, L.L.C.

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

116 Crestwood Court South
Safety Harbor, FL 34695

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

Alan S. Gassman
Name

1245 Court Street, Suite 102

Florida street address (P.O. Box NOT acceptable)

Clearwater, FL 33756

City, State, and Zip

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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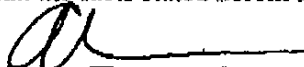
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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

(An additional article must be added if an effective date is requested)

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.)



ALAN S. GASSMAN

LO6000082878

Florida Department of State
Division of Corporations
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H060002106263ABCK

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To: Division of Corporations
Fax Number : (850) 205-0383

From: Account Name : LLOYD GRANET
Account Number : 074632001025
Phone : (561) 999-9300
Fax Number : (561) 999-9400

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TALLAHASSEE, FLORIDA

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[Signature]

FLORIDA/FOREIGN LIMITED LIABILITY CO.

LM TIC II LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

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Corporate Filing Menu

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the limited liability company is:

LM TIC II LLC

ARTICLE II - Address:

The mailing and street address of the principal office of the limited liability company

1645 SE 3rd Court, Suite 200
Deerfield, Beach FL ,33441

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature

The name and Florida street address of the registered agent are:

**LLOYD GRANET, P.A.
2295 NW CORPORATE BLVD, STE. 235
BOCA RATON, FL 33431-7330**

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.

By: Registered Agent's Signature

(In accordance with section 608.403(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true).

Signature of a member or an authorized representative of a member

Lloyd Granet
Typed or printed name of signee

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