

L060000 84191

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

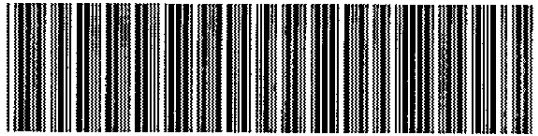
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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08/28/06--01001-030 \*\*155.00

**FILED**  
06 AUG 25 AM 8:33  
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TALLAHASSEE, FLORIDA

**RECEIVED**  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
2006 AUG 25 PM 4:49  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

CORP DIRECT AGENTS, INC. (formerly CCRS)  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301  
222-1173

FILING COVER SHEET  
ACCT. #FCA-14

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06 AUG 25 AM 8:43  
SECURITY OF STATE  
TALLAHASSEE, FLORIDA

CONTACT: RICKY SOTO

DATE: 08/25/2006

REF. #: 000466.56549

CORP. NAME: 19380 CEDAR GLEN DRIVE, LLC

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION   | <input type="checkbox"/> ARTICLES OF AMENDMENT  | <input type="checkbox"/> ARTICLES OF DISSOLUTION      |
| <input type="checkbox"/> ANNUAL REPORT               | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME              |
| <input type="checkbox"/> FOREIGN QUALIFICATION       | <input type="checkbox"/> LIMITED PARTNERSHIP    | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT               | <input type="checkbox"/> MERGER                 | <input type="checkbox"/> WITHDRAWAL                   |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION |   |   |
| <input type="checkbox"/> OTHER:                      |   |   |

STATE FEES PREPAID WITH CHECK# 518234 FOR \$ 155.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

\_\_\_\_\_ COST LIMIT: \$ \_\_\_\_\_

PLEASE RETURN:

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS     |   |   |

Examiner's Initials

ARTICLES OF ORGANIZATION  
OF  
19380 CEDAR GLEN DRIVE, LLC

FILED  
06 AUG 25 AM 8:33  
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TALLAHASSEE, FLORIDA

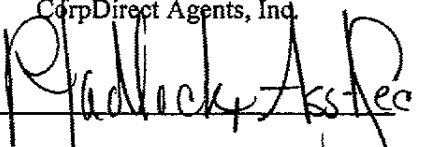
**ARTICLE I. Name:** The name of the Limited Liability Company is 19380 CEDAR GLEN DRIVE, LLC (the "Company").

**ARTICLE II. Address:** The mailing address of the principal office of the Company is 19380 Cedar Glen Drive, Boca Raton, FL 33434. The street address of the principal office of the Company is 19380 Cedar Glen Drive, Boca Raton, FL 33434.

**ARTICLE III. Registered Agent, Registered Office & Registered Agent's Signature:** The name and the Florida street address of the Company's registered agent are:

CorpDirect Agents, Inc.  
515 East Park Avenue  
Tallahassee, FL 32301

*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 in Chapter 608, Florida Statutes.*

CorpDirect Agents, Inc.  
By: 

**ARTICLE IV. Management:** The Company is to be managed by a manager, and is therefore, a manager-managed company. The name of the initial manager is:

Roberta Strasburg  
41 Wildwood Road  
Scarsdale, NY 10583

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization this 25<sup>th</sup> day of August, 2006.

  
Robert J. Robes, Authorized Person

(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.)