06000684368

(Requestor	's Name)
(Address)	
(Address)	
(City/State	Zip/Phone #)
PICK-UP	WAIT MAIL
(Business	Entity Name)
(Document	Number)
Certified Copies C	Pertificates of Status
Special Instructions to Filing C	fficer:

Office Use Only



100078615511



OG AUG 28 AM 9: 09
SEURE LARY OF STATE
ALLAHASSEE FLORIS



OR SENTILE COMPART	
ACCOUNT NO. : 072100000032	
REFERENCE : 337256 7527475	••
AUTHORIZATION: Spelle le man	彩 第一个
COST LIMIT : \$125.00	188 F
ORDER DATE: August 25, 2006	The state of the s
ORDER TIME : 4:54 PM	ORIE S
ORDER NO. : 337256-015	9
CUSTOMER NO: 7527475	
DOMESTIC FILING	
NAME: QUANTICO BUILDING N, LLC	
XX ARTICLES OF ORGANIZATION	
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:	
XX PLAIN STAMPED COPY	
CONTACT PERSON: Kimberly Moret - EXT. 2949	
EXAMINER'S INITIALS:	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	• • • • • • • • • • • • • • • • • • •
ARTICLE I - Name:	7.0 %
The name of the Limited Liability Company	is:
	7. 60
Quantico Building N, LLC	77.0
(Must end with the words "Limited Liability Company, "Lia	mited Company" or their abbreviation "LLC," or "L.C.D.
ARTICLE II - Address:	The second second
The mailing address and street address of the	principal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
1001 East Telecom Drive	1001 East Telecom Drive
Boca Raton, Florida 33431	Boca Raton, Florida 33431
The name and the Florida street address of the Corporation Service Company Na	<u>y</u>
1201 Hays Street	address (P.O. Box NOT acceptable)
Tallahassec	<u> </u>
	FL 32301 te, and Zip
•	•
liability company at the place designated registered agent and agree to act in this capa statutes relating to the proper and complete	to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as acity. I further agree to comply with the provisions of all a performance of my duties, and I am familiar with and egistered agent as provided for in Chapter 608, F.S Kimberly B. Moret 88 its agent
Registered Agent's Sig	mature (REQUIRED)

(CONTINUED) Page 1 of 2

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

۶..

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

Title:	Name and Address:
"MGR" = Manager	
"MGRM" = Managi	Member
MGR	Larry D. Silver
	1001 East Telecom Drive
	Boca Raton, Florida 33431
	
	
(1)aa assa-kaas !S	
(Use attachment if n	essary)
CP Ve Dichelius dat	follow that the data of Cities.
Cartara data ta Mata d	f other than the date of filing: (OPTIC
decrive date is listed	ne date must be specific and cannot be more than five business
days after the date	ming.)
	erne.
DECLIDED SICK	
REQUIRED SIGN	· · ·
<u>REQUIRED</u> SIGN	
<u>REOUIRED</u> SIGN	Total Control of the
REQUIRED SIGN	
	ture of a member or an authorized representative of a member.
Si	

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

By: Jesse A. Holshouser, CFO

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

Typed or printed name of signee