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(((H06000208722 3)))



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To:

Division of Corporations

Fax Number

: (850)205-0383

From:

: THOMAS M. CLARK, P.A. Account Name

Account Number: 072100000445

Phor	ıe	: (954)776-3800			
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	Phor. Fax	Phone Fax Number REAL STATE OF THE Page (1986)	Fax Number : (954)776-3825	Phone : (954) 776-3800 Fax Number : (954) 776-3825 FLORIDA/FOREIGN LIMITED LIABI Orlando Willow Bend, LLC Certificate of Status Certified Copy Page Count 02	Phone : (954)776-3800 Fax Number : (954)776-3825 FLORIDA/FOREIGN LIMITED LIABILITY CO Orlando Willow Bend, LLC Certificate of Status Certified Copy Page Count 0 0 0 0 0 0 0 0 0 0 0 0 0

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ARTICLES OF ORGANIZATION OF ORLANDO WILLOW BEND, L.L.C.

ARTICLE ONE

The name of this limited liability company shall be ORLANDO WILLOW BEND, LLC

ARTICLE TWO

The period of duration shall be perpetual.

ARTICLE THREE

This limited liability company is organized for the purpose of transacting any or all legal business.

ARTICLE FOUR

The street address of the principal office of this limited liability company shall be 3844 Hibiscus Street, Weston, FL 33332. The initial registered agent shall be Thomas M. Clark, 2400 East Commercial Boulevard, Suite 820, Fort Lauderdale, Florida 33308.

ARTICLE FIVE

This limited liability company has at least one member and the total amount of cash contribution required shall be \$100.00. There shall be no property other than cash contributed.

ARTICLE SIX

There shall be no additional contributions required by the member.

ARTICLE SEVEN

There shall be no additional members of this limited liability company, except as provided by Amendment to these Articles of Organization.

ARTICLE EIGHT

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DIVISION OF CORPORATION

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The remaining members, if any, of this limited liability company shall have the right to continue the business of this limited liability company upon the death, retirement, resignation, expulsion, bankruptcy or dissolution of any member or the occurrence of any other event which terminates the continued membership of a member in this limited liability company.

ARTICLE NINE

This limited liability company shall be managed and operated by a manager. The name and address of the manager and member of this limited liability company is as follows:

Constantin Ardelean 3844 Hibiscus Street Weston, FL 33332

ARTICLE TEN

The member of this limited liability company shall own an undivided one hundred percent (100%) interest therein and the member shall contribute one hundred percent (100%) of the cash contribution set forth hereinabove.

IN WITNESS WHEREOF, the undersigned authorized representative of the member has executed these Articles of Organization on the 21 day of August, 2006.

THOMAS MICTARR

STATE OF FLORIDA COUNTY OF BROWARD

BEFORE ME, personally appeared Thomas M. Clark, to me well known and known to me to be the person described in, and who acknowledged to and before me that he executed said document for the purposes therein expressed.

WITNESS my hand and official seal this 21 day of August, 2006.

Diane W Hallarun NOTARY PUBLIC

My Commission Expires: (Notarial Seal)

Diane V. Hallaran
Commission # DD347126
Expires: SER. 11, 2008
Bonded Thru
Atlantic Bonding Co., Inc.

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Fax Audit No.

CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN FLORIDA NAMING AGENT UPON WHOM PROCESS MAY BE SERVED

IN COMPLIANCE WITH SECTION 48.091, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED:

FIRST THAT ORLANDO WILLOW BEND, LLC DESIRING TO ORGANIZE OR QUALIFY UNDER THE LAWS OF THE STATE OF FLORIDA, WITH ITS PRINCIPAL PLACE OF BUSINESS AT THE CITY OF FORT LAUDERDALE, STATE OF FLORIDA, HAS NAMED THOMAS M. CLARK, AT 2400 EAST COMMERCIAL BOULEVARD, SUITE 820, FORT LAUDERDALE, FLORIDA 33308 AS ITS AGENT TO ACCEPT SERVICE OF PROCESS WITHIN FLORIDA.

SIGNATURE:

THOMAS M. CLARK

TITLE: AUTHORIZED REPRESENTATIVE

OF MEMBERS

DATE: August 21 ,2006

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED LIMITED LIABILITY COMPANY AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER ACCEPT TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES.

SIGNATURE:

THOMAS M. CLARK, REGISTERED AGENT

DATE: Angust 21

Fax Audit No.

SECRETARY OF STATE DIVISION OF CORPORATIONS