

L 06000092273

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

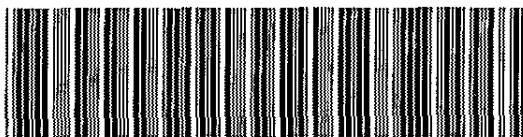
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September 20, 2006

CORPORATION NAME (S) AND DOCUMENT NUMBER (S):

Compson Sebastian Lakes, LLC

Filing Evidence

- ☐ Plain/Confirmation Copy
- ☒ Certified Copy

Type of Document

- ☐ Certificate of Status
- ☐ Certificate of Good Standing
- ☐ Articles Only
- ☐ All Charter Documents to Include
Articles & Amendments
- ☐ Fictitious Name Certificate
- ☐ Other

Retrieval Request

- ☐ Photocopy
- ☐ Certified Copy

*File
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NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	Non Profit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of RA Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Reports
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation
<input type="checkbox"/>	Reinstatement

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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ARTICLES OF ORGANIZATION
OF
COMPSON SEBASTIAN LAKES, LLC

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

These Articles of Organization of Compson Sebastian Lakes, LLC, dated as of September 20, 2006, are being duly executed and filed by the undersigned, as an authorized representative, to form a limited liability company under the Florida Statutes.

ARTICLE I: The name of the limited liability company formed hereby is Compson Sebastian Lakes, LLC (hereinafter referred to as the "Company").

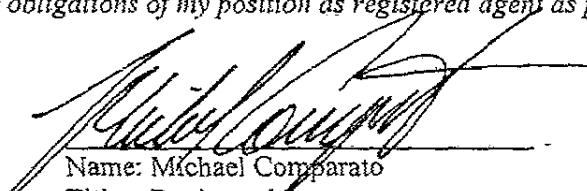
ARTICLE II: The mailing address and street address of the principal office of the Company in the State of Florida is:

980 North Federal Highway,
Suite 314,
Boca Raton, Florida 33432.

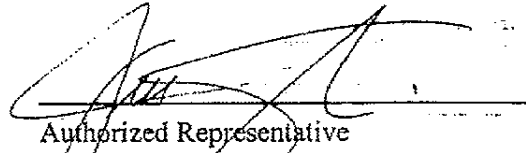
ARTICLE III: The name and Florida street address of the registered agent are:

Michael Comparato
980 North Federal Highway,
Suite 314,
Boca Raton, Florida 33432.

Having been named as the 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..


Name: Michael Comparato
Title: Registered Agent

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization as of the date first above written.



Authorized Representative

(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.)

Printed Name of Authorized Representative: Jill N. Simon-Reisman