

L06000094358

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H06000237568 3)))



H060002375683ABC4

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5926

RECEIVED
06 SEP 26 PM 4:31
DIVISION OF CORPORATIONS

FLORIDA/FOREIGN LIMITED LIABILITY CO.

Estates at River's Edge, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

J. BRYAN SEP 27 2006

**ARTICLES OF ORGANIZATION
OF
ESTATES AT RIVER'S EDGE, LLC**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 SEP 26 AM 9:15

ARTICLE I - Name

The name of the Limited Liability Company is: Estates at River's Edge, LLC

ARTICLE II - Address

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

4000 Hollywood Boulevard
Suite 500-N
Hollywood, FL 33021

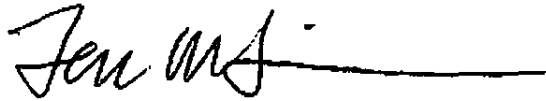
**ARTICLE III- Registered Agent, Registered Office
& Registered Agent's Signature**

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

C T Corporation System
1200 S. Pine Island Road
Plantation, FL 33324

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.

By: Connie Bryan **CONNIE BRYAN
SPECIAL ASSISTANT SECRETARY**



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.)

Teri M. Trimmer

Typed or printed name of signee

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 SEP 26 AM 9:15

FILING FEES:

\$100.00 Filing Fee for Articles of Organization

\$25.00 Designation of Registered Agent

\$30.00 Certified Copy (Optional)

\$5.00 Certificate of Status (Optional)

WPB-P211592138-0162225.009900