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To:

Division of Corporations

Fax Number : (850) 205-0383

From:

Account Name : GERALD WEINBERG, P.C.

Account Number : I20030000043 Phone : (800)342-9856 Fax Number : (800)354-3381 SECRETARY OF STATE VISION OF CORPORATE VISION OF CORPORATE VISION OF CORPORATE VISION OF STATE VISION OF STATE

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LORIDA/FOREIGN LIMITED LIABILITY CO.

OLD HOMESTEAD DEAL BOCA BONES, LLC

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is	:		
OLD HOMESTEAD DEAL BOCA BONE (Must end with the words "Limited Liability Company, "Limit			
ARTICLE II - Address: The mailing address and street address of the p	rincipal office of the Limited Liability Com	pany i	is:
Principal Office Address:	Mailing Address:		
c/o The Glazier Group, Inc. 535 Fifth Avenue, 16th Floor New York, NY 10017	c/o The Glazier Group, Inc. 535 Fifth Avenue, 16th Floor New York, NY 10017		
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.) The name and the Florida street address of the interest of the server and interest address of the server and interest address of the server and interest address of the server address of the server and interest address of the server addr	stered Agent. You must designate an individual or another		SECRET
Incorporating Services, L	.td.		TARY OF COL
Name		AM 10:	수무(공)
1540 Glenway Drive		0. 2	
Florida street ad	dress (P.O. Box <u>NOT</u> acceptable)	8	ž Ju
Tallahassee	FL 32301		
City, State,	and Zip		
registered agent and agree to act in this capacit statutes relating to the proper and complete pa	this certificate, I hereby accept the appointme ty. I further agree to comply with the provision erformance of my duties, and I am familiar wi istered agent as provided for in Chapter 608, in Assistant Secretar	nt as ns of a th and F.S	all

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

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

"MGRM" = Managing Member	Name and Address:
MGR	Peter Glazier c/o The Glazier Group, Inc.
	535 Fifth Avenue, 16th Floor, NY, NY 10017
	,
(Use attachment if necessary)	
Nective date is listed, the date must be days after the date of filing.)	e date of filing: (OPTION be specific and cannot be more than five business da
REQUIRED SIGNATURE:	u Graham
700	per or an authorized representative of a member.
Signature of a memb	per or an authorized representative of a member.
Signature of a memb (In accordance with) se of this document cons that the facts stated Joan Graham	per or an authorized representative of a member. ection 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury

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