

LO6000107142

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.

((H06000268070 3)))



H060002680703ABC5

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 : FCA0000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5926

FILED
06 NOV -3 AM 8:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA/FOREIGN LIMITED LIABILITY CO.

LB/TE #1, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

RECEIVED
06 NOV -3 PM 4:03
DIVISION OF CORPORATION

Electronic Filing Menu

Corporate Filing Menu

Help

**ARTICLES OF ORGANIZATION
LB/TE #1, LLC**

ARTICLE I - Name:

The name of the Limited Liability Company is: LB/TE #1, LLC

ARTICLE II - Address:

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

4000 Hollywood Blvd., Ste. 500N
Hollywood, FL 33021

ARTICLE III - Registered Agent, Registered Office, and 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 33021

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 for in Chapter 608, F.S.

Carrie B. [Signature]

SIGNATURE:

Teri M. Trimmer

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 signer

FILED
06 NOV -3 AM 8:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA