Division of Corporations Public Access System

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To:

Division of Corporations .;

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90 (S)

From:

Account Name : NATIONAL CORPORATE RESEARCH, LTD.

Account Number : 12000000088 Phone : (800)221-0102

Fax Number : (212)564-6083

John

DEC -6 AMII:40
CRETARY OF STATE
LAHASSEE, FLORIDA

FLORIDA/FOREIGN LIMITED LIABILITY CO.

LAS OLAS REAL ESTATE PARTNERS - RENTSCHLER FIELD LLC

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLE I - I	Name: • Limited Liability Comp	any is:		
	ate Partners - Rentschler Field			
(Must end with the v	vords "Limited Liability Company	y, "Limited	Company" or their abbreviation "LLC,"	or "L.C.,")
ARTICLE II - The mailing add Principal Office	dress and street address o	f the pri	ncipal office of the Limited Lia Mailing Address:	bility Company is:
401 East Las Olas	Boulevard		401 East Las Olas Boulevard	
Sulto 2200			Suite 2200	
Pt. Lauderdale, Pl	orida 33301	 , ,	Ft Lauderdale, Florida 33301	,
A TOTAL OF THE	Domistored Agent Des		Office & Peopletered Agent's	Signature
(The Limited Liabli business entity with	- Registered Agent, Registre Company cannot serve as its of an active Florida registration.) the Florida street address	wn Registo	Office, & Registered Agent's and Agent You must designate an individual agent are:	trial or belother S
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(The Limited Liabli business entity with	ty Company cannot serve as its on an active Florida registration.) the Florida street address	of the ro	egistered agent are:	06 DEC -6
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(The Limited Liabli business entity with	ty Company cannot serve as its of an active Florida registration.) the Florida street address David Horvitz 401 East Las Olas Boule Florida Ft. Lauderdale	of the ro Name	egistered agent are: the 2200 ress (P.O. Box <u>NOT</u> acceptable) FL 33301	06 DEC -6 AM : 4

Registered Agent's Signature (REQUIRED)

David Horvitz

(CONTINUED)
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<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	David W. Horvitz
	401 East Las Olas Boulevard, Suite 2200
	Ft. Lauderdale, Florida 33301
MGRM	Linda H. Roth
	401 East Las Olas Boulevard, Suite 2200
	Pt. Lauderdale, Florida 33301

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

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _______ (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

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.)

By: Dawn Traficanti, Authorized Representative

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certifled Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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