

L06000120390

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

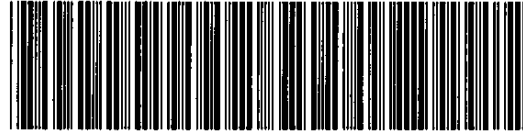
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

*[Handwritten Signature]*

Office Use Only



900082237539

FILED

06 DEC 19 PM 4:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED

06 DEC 19 PM 12:57  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 674668 8941A

AUTHORIZATION :

COST LIMIT : \$ 125

*Spencer*

FILED  
06 DEC 19 PM 4:47  
CLERK OF COURT  
TALLAHASSEE, FLORIDA

ORDER DATE : December 19, 2006

ORDER TIME : 10:50 AM

ORDER NO. : 674668-005

CUSTOMER NO: 8941A

DOMESTIC FILING

NAME: KIRLAND 41030, LLC

EFFECTIVE DATE:

\_\_\_\_ ARTICLES OF INCORPORATION  
\_\_\_\_ CERTIFICATE OF LIMITED PARTNERSHIP  
XXX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX PLAIN STAMPED COPY  
\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Harry B. Davis - EXT. 2926

EXAMINER'S INITIALS: \_\_\_\_\_

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

KIRLAND 41030, LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L

**ARTICLE II - Address:**

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

**Principal Office Address:**

3700 AIRPORT ROAD, # 210

BOCA RATON, FL 33431

**Mailing Address:**

SAME

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

BRUCE DAVID GREEN P.A.

Name

1313 S. ANDREWS AVENUE

Florida street address (P.O. Box **NOT** acceptable)

FT. LAUDERDALE FL 33316

City, State, and Zip

*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..*

/s/ BRUCE D. GREEN

Registered Agent's Signature (REQUIRED)

**(CONTINUED)**

Page 1 of 2

**FILED**  
06 DEC 19 PM 4:47  
CLERK OF FLORIDA  
TALLAHASSEE

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

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

KELLIE MCDANIEL

3700 AIRPORT ROAD, # 210

BOCA RATON, FL 33431

MGRM

THERESA CONDER

3700 AIRPORT ROAD, # 210

BOCA RATON, FL 33431

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(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:**

/s/ KELLIE MCDANIEL

**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.)

KELLIE MCDANIEL

Typed or printed name of signee

**Filing Fees:**

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

**\$ 30.00 Certified Copy (Optional)**

**\$ 5.00 Certificate of Status (Optional)**