15700063225

| (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: |
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Office Use Only



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SECRETARY OF STAIL DIVISION OF CURLUM ANDW

COVER LETTER

| TO: Registration Division of | n Section Corporations | | | |
|------------------------------|---|---|--|--|
| SUBJECT: | FRASER INTE | ENATION Comp | | REALTY |
| The enclosed Article | es of Organization and fee(s) are s | submitted for filin | ng. | . • |
| Please return all corr | respondence concerning this matte | er to the followin | ng: | |
| Fraser | Simpson | | | |
| | (| Name of Person) | | |
| FRAS | SER INTERNA | TIONAL | FEAL | ту |
| | • | (Firm/Company) | | , |
| 401- E | Las Olas Blvd. Su | | 185 | |
| | • | (Address) | | |
| Fort La | uderdale, Florida | 33301 | | |
| I OIL Ed | | /State and Zip Coo | ie) | |
| | | • | | |
| For further informati | on concerning this matter, please | call: | | |
| Fraser Simp | son | at (954 | 775-51° | 13 |
| (Na | ame of Person) | (Area Co | de & Daytime Te | lephone Number) |
| Enclosed is a check | for the following amount: | | | |
| \$125.00 Filing Fo | ee \$130.00 Filing Fee & Certificate of Status | \$155.00 F Certified Cop (additional copy | ру | \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| | Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Registra Division Clifton I | Courier Address tion Section of Corporation Building recutive Center | ns |

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

| THE WILLOW PIKEA SUITE 212 1881 NE 26-74-57. Fort Lauderdale, FI 33301 FT LIVINGUME 150-355 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signat (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or ar business emity with an active Florida registration.) The name and the Florida street address of the registered agent are: Fraser Simpson | ture: |
|--|-----------------|
| (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or ar business entity with an active Florida registration.) The name and the Florida street address of the registered agent are: | ture: nother |
| | 0 |
| Fraser Simpson | |
| | 7] |
| Name | |
| 401 E. Las Olas Blvd Suite 130-185 | <u>ج</u> (|
| Florida street address (P.O. Box NOT acceptable) | AM |
| Fort Lauderdale, Fl 33301 FL | |
| City, State, and Zip | 12 |

(CONTINUED) Page 1 of 2

Registered Agent's Signature (REQUIRED)

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

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

| MGRM | Fraser Simpson / C.E.O., L. 401 E Las Olas Blvd Suite 130-185 Fort Lauderdale, Fl 33301 |
|------------------------------|--|
| | |
| | <u>i</u> <u>j</u> |
| · · | |
| Use attachment if necessary) | 6/20/07 |

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

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)