

L07000065293

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

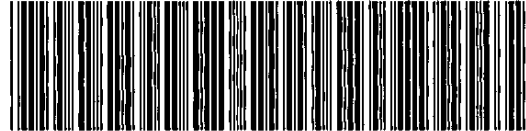
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TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE :

**RESUBMIT**

AUTHORIZATION :

Please give original  
submission date as file date.

COST LIMIT : \$ 125.00

ORDER DATE : June 21, 2007

ORDER TIME : 3:10 PM

ORDER NO. : 961667-005

CUSTOMER NO: 8739A

**FILED**  
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DOMESTIC FILING

NAME: EAST ROGERS REALTY, LLC

EFFECTIVE DATE:

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

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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

CONTACT PERSON: Kelly Courtney - EXT. 2916

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

**ARTICLES OF ORGANIZATION  
OF  
EAST ROGERS REALTY, LLC**

**FILED**  
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TALLAHASSEE, FLORIDA

**Article I - Name:** The name of the Limited Liability Company is East Rogers Realty, LLC.

**Article II - Address:** The mailing address and street address of the principal office of the Limited Liability Company is c/o Levy Realty Advisors, Inc., 4901 NW 17<sup>th</sup> Way, Suite 103, Ft. Lauderdale, Florida 33309.

**Article III - Registered Agent, Registered Office, & Registered Agent's Signature:**  
The name and the Florida street address of the registered agent are:

Jonathan L. Shepard  
5355 Town Center Road #801  
Boca Raton, Florida 33486

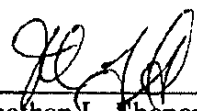
Having been named as registered agent and to accept service of process of the above-stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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.

  
\_\_\_\_\_  
Jonathan L. Shepard

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

MGRM: Michael J. Lazar  
419 Park Avenue South  
New York, NY 10016

MGRM: Ethan H. Lazar  
419 Park Avenue South  
New York, NY 10016

  
\_\_\_\_\_  
Jonathan L. Shepard,  
Authorized Representative  
(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.)