

L07000073703

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

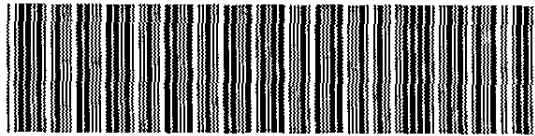
(Business Entity Name)

(Document Number)

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07 JUL 17 PM 12:33  
STATE OF FLORIDA  
DEPARTMENT OF REVENUE  
TALLAHASSEE, FLORIDA

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07 JUL 17 PM 3:07  
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TALLAHASSEE, FLORIDA

CT Corporation System

1203 Governors Square Blvd, Suite 101, Tallahassee 850-222-1092

Various LLC Formations

New Filing

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2 Checks Attached - \$125.00 + \$30.00

Thank!

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Profit                    | <input type="checkbox"/> Amendment              | <input type="checkbox"/> Merger             |
| <input type="checkbox"/> Nonprofit                 | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark               |
| <input type="checkbox"/> Foreign                   | <input type="checkbox"/> Reinstatement          | <input type="checkbox"/> Other              |
| <input type="checkbox"/> Limited Partnership       | <input type="checkbox"/> Annual Report          | <input type="checkbox"/> Change of RA       |
| <input checked="" type="checkbox"/> LLC            | <input type="checkbox"/> Name Registration      | <input type="checkbox"/> UCC                |
| <input checked="" type="checkbox"/> Certified Copy | <input type="checkbox"/> Fictitious Name        | <input type="checkbox"/> CUS                |
| <input type="checkbox"/> Photocopies               | <input type="checkbox"/> Call When Ready        | <input type="checkbox"/> Call If Problem    |
| <input type="checkbox"/> Call When Ready           | <input type="checkbox"/> Call If Problem        | <input type="checkbox"/> After 4:30         |
| <input checked="" type="checkbox"/> Walk In        | <input type="checkbox"/> Will Wait              | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out                  |   |   |

Name \_\_\_\_\_  
 Availability \_\_\_\_\_  
 Document \_\_\_\_\_  
 Examiner \_\_\_\_\_  
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 Verifier \_\_\_\_\_  
 W.P. Verifier \_\_\_\_\_

7/17/2007  
 AAM

Order#: 6978274 SO  
 Ref#: \_\_\_\_\_  
 Amount: \$ \_\_\_\_\_

ARTICLES OF ORGANIZATION  
OF  
5902 N. 50<sup>TH</sup> HOLDINGS, LLC

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TALLAHASSEE, FLORIDA

ARTICLE I - Name

The name of the Limited Liability Company is 5902 N. 50<sup>th</sup> Holdings, LLC (the "Company").

ARTICLE II - Address


The mailing address and street address of the principal office of the Company is 18305 Biscayne Boulevard, Suite 400, Aventura, Florida 33160.

ARTICLE III- Registered Agent and Office

The street address of the Company's initial registered agent and office is 1200 S. Pine Island Road, Plantation, Florida 33324, and the name of its initial registered agent at such office is CT Corporation System.

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.

Dated this 16<sup>th</sup> day of July, 2007.

  
\_\_\_\_\_  
Debra Palmisano  
Authorized Person

**ACCEPTANCE OF APPOINTMENT OF REGISTERED AGENT**

The undersigned, having been named as Registered Agent and to accept service of process for the above stated limited liability company at the place designated in these Articles of Organization, the undersigned hereby accepts the appointment as registered agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of its duties, and is familiar with and accepts the obligations of its position as registered agent as provided for in Florida Statutes Chapter 608.

Dated this 16<sup>th</sup> day July, 2007.

CT CORPORATION SYSTEM

By: Connie Bryan  
Name: CONNIE BRYAN  
SPECIAL ASSISTANT SECRETARY