

LD 7000073719

(Requestor's Name)

(Address)

(Address)

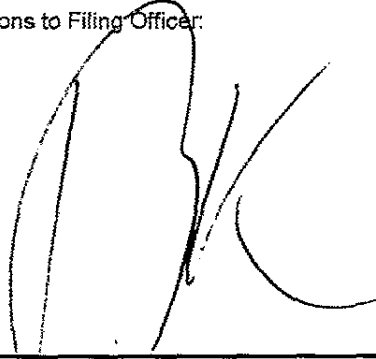
(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

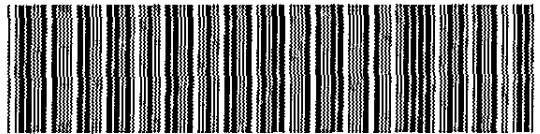
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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RECEIVED
07 JUL 17 PM 12: 29
DEPT. OF MILITARY STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
07 JUL 17 PM 3: 07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CT Corporation System

1203 Governors Square Blvd, Suite 101, Tallahassee 850-222-1000

FILED
07 JUL 17 PM 3:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Various LLC Formations

New Filing

2 Checks Attached - \$125⁰⁰ + \$30⁰⁰

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"/> Certified Copy | <input type="checkbox"/> Name Registration | <input type="checkbox"/> UCC |
| | <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"/> 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 _____ 7/17/2007 Order#: 6978274 SO
 Availability _____
 Document _____ AAM
 Examiner _____ Ref#: _____
 Updater _____
 Verifier _____
 W.P. Verifier _____ Amount: \$ _____

ARTICLES OF ORGANIZATION
OF
ALSOBROOK & PARK HOLDINGS, LLC

FILED
07 JUL 17 PM 3:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name

The name of the Limited Liability Company is Alsobrook & Park 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 16th 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 16th day July, 2007.

CT CORPORATION SYSTEM

Connie Bryan

By: _____

Name: ~~CONNIE BRYAN~~

Title: ~~SPECIAL ASSISTANT SECRETARY~~