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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

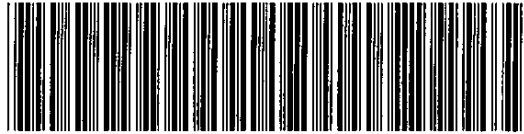
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TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: 805 W. BROWARD BLVD, LLC  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

PATRICIA E. ALECIO

(Name of Person)

JONATHAN H. GREEN & ASSOCIATES, P.A.

(Firm/Company)

799 BRICKELL PLAZA, SUITE 700

(Address)

MIAMI, FLORIDA 33131

(City/State and Zip Code)

For further information concerning this matter, please call:

PATRICIA E. ALECIO

(Name of Person)

at ( 305 ) 372-5100

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)    ☐ \$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

**Street/Courier Address**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

**ARTICLE I**

**LIMITED LIABILITY COMPANY NAME**

The name of the Limited Liability Company is:

805 W. BROWARD BLVD, LLC

**ARTICLE II**

**ADDRESS**

The mailing address and street address of the principal office of 805 W. BROWARD BLVD, LLC is:

805 W. Broward Blvd  
Fort Lauderdale, FL 33312

**ARTICLE III**

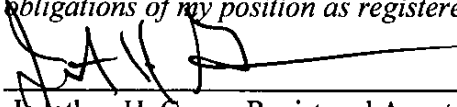
**REGISTERED AGENT, REGISTERED OFFICE**

**AND REGISTERED AGENT'S SIGNATURE**

The name and the Florida street address of the Registered Agent are:

Jonathan H. Green & Associates, P.A.  
799 Brickell Plaza, Suite 700  
Miami, FL 33131

*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.*

  
Jonathan H. Green, Registered Agent

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**ARTICLE IV**

**MANAGEMENT**

805 W. BROWARD BLVD, LLC is to be managed by two (2) members and is, therefore, a co-member managed company. The names and addresses of the Managing Members are as follows:

**LEAVITT FAMILY LIMITED LIABILITY LIMITED PARTNERSHIP, Co-Manager/Member**

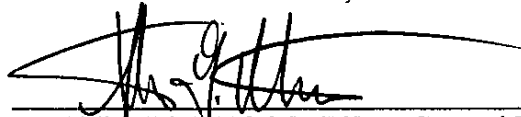
1018 SW 8<sup>th</sup> Street  
Fort Lauderdale, FL 33315



\_\_\_\_\_  
COLE D. LEAVITT, as General Partner

**NOCERINI FAMILY LIMITED LIABILITY LIMITED PARTNERSHIP, Co-Manager/Member**

13045 Coronado Terrace  
North Miami, FL 33181



\_\_\_\_\_  
STEVEN F. NOCERINI, as General Partner

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