# L07000/22838

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SECRETARY OF STATE DIVISION OF CORPORATIONS

### KINGSLEY & KINGSLEY

ATTORNEYS AND COUNSELLORS AT LAW
SUITE 104
1776 N. PINE ISLAND ROAD
PLANTATION, FL 33322-5200

DAVID J. KINGSLEY\* LOUISE R. KINGSLEY

\*ALSO MEMBER WASHINGTON, D.C. & MARYLAND BARS

TELEPHONE (954) 474-5800 FACSIMILE (954) 474-5862

December 6, 2007

Department of State Division of Corporations Corporate Filings P.O. Box 6327 Tallahassee, FL 32314

RE: Square-One Holdings, L.L.C.

To Whom It May Concern:

Enclosed please find the original and one copy of the Articles of Organization for Limited Liability Company on the above-referenced matter. Please file the original Articles and return a certified copy to our office, together with a Certificate of Status, in the envelope provided herein.

Also, enclosed is a check in the amount of \$160.00.

Thank you for your cooperation.

Very Truly Yours,

KINGSLEY-& KINGSLEY

By David J. Kingsley

DJK/la

Enclosures

07 DEC 10 PM 2: 56

SECRETARY OF STATE DIVISION OF CORPORATIONS

# **COVER LETTER**

Division of Cor				
SUBJECT: SQUAF	RE-ONE HOLDIN	IGS, L.L.C.		
		ted Liability Company)		
The enclosed Articles of	Organization and fee(s) are	submitted for filing.		
Please return all correspo	ndence concerning this ma	tter to the following:		
David J. Ki	ngsley, Esq.			
<del></del>	1	(Name of Person)		
KINGSLEY	/ & KINGSLEY			
		(Firm/Company)		
1776 N. Pi	ne Island Road, S	Suite 104		DIVIS 01
<del></del>		(Address)		R 55
Plantation,	Florida 33322			SECRETARY OF STATIONS OTIDEC 10 PH 2: 56
	(Ci	ty/State and Zip Code)	<del></del>	2 390
For further information c	oncerning this matter, pleas	e call·		12:5 12:5
	••••••••••••••••••••••••••••••••••••••	· · · · · · · · · · · · · · · · · · ·		क ह
David J. Kingsle	ey, Esq.	at ( 954 ) 474-580	0	
(Name o	of Person)	(Area Code & Daytime Tele	phone 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 Statu Certified Copy (additional copy is enc	ıs &
	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 C Tallahassee, FL 32301		

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:			
SQUARE-ONE HOLDINGS, L.L.C.			
(Must end with the words "Limited Liabil	ity Company, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Liability Con	npany	/ is:
Principal Office Address:	Mailing Address:		
100 S.E. 6th Street	100 S.E. 6th Street		
Fort Lauderdale, FL 33301	Fort Lauderdale, FL 33301	,	
<del></del>		1	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)			IVID
The name and the Florida street address of the r	registered agent are:	030	SION C
James N. Wright, II		5	
Name		10 PM	899 999
100 S.E. 6th Street		2: 56	STA PRAT
Florida street add	iress (P.O. Box <u>NOT</u> acceptable)	56	<u> 2</u> m
Fort Lauderdale	<sub>FL</sub> 33301		C/A
City, State, a	and Zip		
Having been named as registered agent and to a liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per accept the obligations of my position as reginary.	this certificate, I hereby accept the appointmy. I further agree to comply with the provision for a familiar w	ient a ions o vith a	s of all and

(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:

<u>Title:</u> "MGR" = Ma	Name and Address:	
	Managing Member	
MGRM	James N. Wright, II	
<u>-</u> -	100 S.E. 6th Street	
	Fort Lauderdale, FL 33301	
MGRM	Hiram M. Montero	
	100 S.E. 6th Street	
	Fort Lauderdale, FL 33301	<del></del>
MGRM	Christopher Keeler	
	100 S.E. 6th Street	<u></u>
	Fort Lauderdale, FL 33301	
ICLE V: Effect effective date i	ent if necessary)  ive date, if other than the date of filing:  s listed, the date must be specific and cannot be more than five the date of filing.)	(OPTIONAL) e business days prior
REQUIRED	SIGNATURE:	
	Allest "to	\$ 170 70
	Signature of a member or an authorized representative of a memb	PE PE
	(In accordance with section 608.408(3), Florida Statutes, the execution	
,	of this document constitutes an affirmation under the penalties of perjuthat the facts stated herein are true.)	ury O C A
	James N. Wright, II	ORPOR ORPOR

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)

Typed or printed name of signee