

# H08000021740

Florida Department of State  
Division of Corporations  
Public Access System

Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H08000053291 3))



H080000532913ABC

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.** Doing so will generate another cover sheet.

To:  
Division of Corporations  
Fax Number : (850)617-6383

From:  
Account Name : NATIONAL CORPORATE RESEARCH, LTD.  
Account Number : I20000000088  
Phone : (800)221-0102  
Fax Number : (212)564-6083

FILED  
08 FEB 29 AM 8:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## FLORIDA/FOREIGN LIMITED LIABILITY CO.

### LAS OLAS MANAGER, LLC

RECEIVED  
08 FEB 29 AM 10:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

Thomas MAR 3 2008

((H08000053291 3))

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Las Olas Manager, LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.")

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**

401 East Las Olas Boulevard  
Suite 2200  
Fort Lauderdale, FL 33301

**Mailing Address:**

Same as principal office.

FILED  
08 FEB 29 AM 8:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

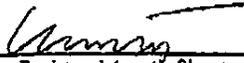
The name and the Florida street address of the registered agent are:

David Horvitz  
Name

401 East Las Olas Boulevard, Suite 2200  
Florida street address (P.O. Box NOT acceptable)

Fort Lauderdale FL 33301  
City, State, and Zip

*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.*

  
Registered Agent's Signature (REQUIRED)

(CONTINUED)  
Page 1 of 2

((H08000053291 3))

((H08000053291 3))

**ARTICLE IV- Manager(s) or Managing Member(s):**

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

David V. Horvitz  
401 East Las Olas Boulevard, Suite 2200  
Fort Lauderdale, FL 33301

MGRM

Linda H. Roth  
401 East Las Olas Boulevard, Suite 2200  
Fort Lauderdale, FL 33301

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

FILED  
08 FEB 29 AM 8:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**

*Dawn Traficanti*

Signature of a member or an authorized representative of a member.

(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.)

By: Dawn Traficanti, Authorized Representative

Typed or printed name of signer

**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)

((H08000053291 3))