

**L08000020397**  
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.**

(((H08000065241 3)))



H080000652413ABC-

**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 : GERALD WEINBERG, P.C.  
Account Number : I20030000043  
Phone : (800)342-9856  
Fax Number : (800)354-3381

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

08 MAR 13 AM 8:12

FILED

**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

**ONECK TERRACE 2, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

RECEIVED  
08 MAR 13 PM 12:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

M. Thomas MAR 14 2008

(H080000 652413)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - NAME:

Oneck Terrace 2, LLC

ARTICLE II - ADDRESS:

Principal Office Address:

Mailing Address

391 Indies Drive

391 Indies Drive

Orchid, Florida 32963

Orchid, Florida 32963

FILED  
08 MAR 13 AM 8:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

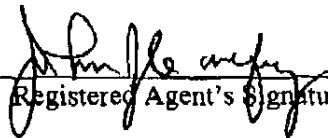
The name and the Florida street address of the registered agent are:

John J. Conefry  
Name

391 Indies Drive  
Florida street address (P.O. Box Not acceptable)

Orchid, Florida 32963  
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

(CONTINUED)

(H080000 652413)

(H080000652413)

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

John J. Conefry

391 Indies Drive

Orchid, Florida

FILED  
08 MAR 13 AM 8:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLE V: Effective date, if other than the date of filing \_\_\_\_\_  
(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)

John J. Conefry  
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 penalties of perjury that the facts herein stated are true)

John J. Conefry  
Type name of signer

(H080000652413)