

L08000038129

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

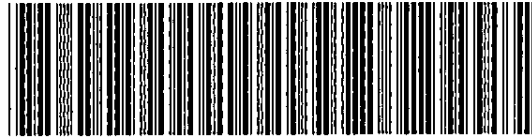
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300122619773

04/16/08--01010--004 \*\*30.00

04/16/08--01010--005 \*\*125.00

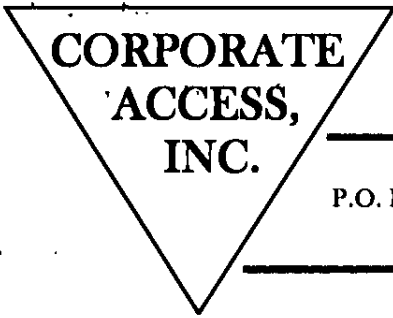
RECEIVED  
08 APR 16 AM 10:06  
DEPT. OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
08 APR 16 PM 12:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B. KOHR

APR 16 2008

EXAMINER



*When you need ACCESS to the world*

236 East 6th Avenue . Tallahassee, Florida 32303  
P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

## WALK IN

PICK UP:

4/16/08 BU

- ☒ CERTIFIED COPY  
☐ PHOTOCOPY  
☐ CUS  
☒ FILING

FILED  
08 APR 16 PM 12:55  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

1. University Associates of Pembroke Pines, LLC  
(CORPORATE NAME AND DOCUMENT #)
2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLES OF ORGANIZATION**

**OF**

**UNIVERSITY ASSOCIATES OF PEMBROKE PINES, LLC**

**THE UNDERSIGNED**, pursuant to the provisions of Chapter 608 of the Florida Statutes for the purpose of forming a Limited Liability Company under the laws of the State of Florida, do hereby set forth the following:

1. **NAME**

The name of the Limited Liability Company is:

**UNIVERSITY ASSOCIATES OF PEMBROKE PINES, LLC**

2. **MAILING ADDRESS AND STREET ADDRESS**

The mailing address and street address of the principal office of the Limited Liability Company is 4801 Hollywood Boulevard, Hollywood, Florida 33021

3 **REGISTERED AGENT**

The name and address of the initial Registered Agent in Florida for the Limited Liability Company is **HARVEY PERETZ**, 4801 Hollywood Boulevard, Hollywood, Florida 33021.

4. **MANAGEMENT**

The Limited Liability Company is to be managed by a manager and the name and address of the manager is **HARVEY PERETZ**, 4801 Hollywood Boulevard, Hollywood, Florida 33021.

Executed this 14 day of April, 2008.

**FILED**  
08 APR 16 PM 12:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Harvey Peretz (SEAL)  
HARVEY PERETZ

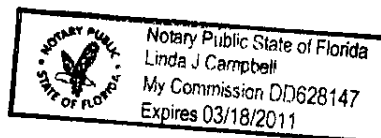
STATE OF FLORIDA

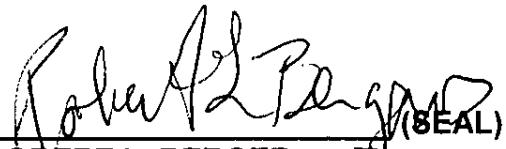
COUNTY OF BROWARD

THE FOREGOING INSTRUMENT was acknowledged before me this 14 day of APRIL, **HARVEY PERETZ, a married man**, who is (X) personally known to me (X) and, who has produced \_\_\_\_\_, as identification.

My Commission expires:

Linda J. Campbell  
NOTARY PUBLIC  
Printed, typed or stamped name:



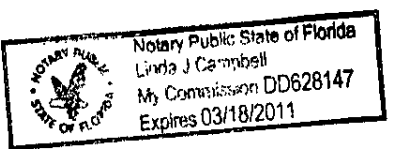
  
ROBERT L. BERGER, as Trustee  
of the Robert L. Berger Trust UTA  
5-25-90

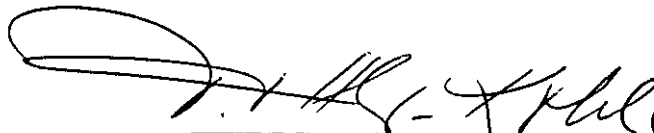
STATE OF FLORIDA  
COUNTY OF BROWARD

THE FOREGOING INSTRUMENT was acknowledged before me this 14 day of APRIL, **ROBERT L. BERGER, as Trustee of the Robert L. Berger Trust UTA 5-25-90**, who is (✓) personally known to me ( ) and, who has produced \_\_\_\_\_, as identification.

My Commission expires:

  
NOTARY PUBLIC  
Printed, typed or stamped name:



  
\_\_\_\_\_  
**DOROTHY DITTLER-KOHL, as  
Successor Trustee of the Stanley  
Kohl Revocable Trust dated 1-29-96** (SEAL)

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

THE FOREGOING INSTRUMENT was acknowledged before me this \_\_\_\_ day of \_\_\_\_\_, **DOROTHY DITTLER-KOHL, as Successor Trustee of the Stanley Kohl Revocable Trust dated January 29, 1996**, who is ( ) personally known to me ( ) and, who has produced \_\_\_\_\_, as identification.

My Commission expires: \_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC  
Printed, typed or stamped name:

**Official Certification**

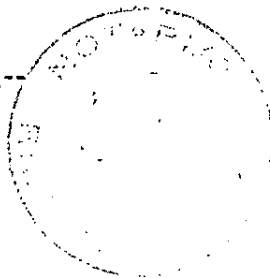
Seen for authentication of the reverse side signature, affixed in our presence  
by

Mrs. Dorothee Gabriela Dittler-Kohl, born 03.06.1960, Swiss citizen of  
Spreitenbach/AG, according to his information residing at Eggenbergstrasse  
20, 8127 Forch (Gde. Maur), Switzerland  
who has identified herself by identity card.

Zurich 8, 7th April 2008/mh

B No. 1042

Fee: Fr. 20.--



NOTARIAT RIESBACH-ZÜRICH

  
M. Barmettler, Deputy Notary public

**ACCEPTANCE BY REGISTERED AGENT**

**HAVING** been appointed the Registered Agent of **UNIVERSITY ASSOCIATES OF PEMBROKE PINES, LLC**, the undersigned accepts such appointment and agrees to act in such capacity and accepts the obligations contained in Section 608.415 of the Florida Statutes.

**EXECUTED** this 14 day of April, 2008.

  
\_\_\_\_\_  
**HARVEY PERETZ**  
**Registered Agent**