

L08000048036

5/13/2008 2:04 PM FROM: FAY GRABER, BUILDER, JONES, PRATT & ASSOCIATES TO: 110616383 FAX: 850617002

Division of Corporations

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.

((H08000128185 3))



H080001281853ABC0

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 : GRAHAM, CLARK, JONES, BUILDER, PRATT &  
Account Number : I19990000278  
Phone : (407) 647-4455  
Fax Number : (407) 740-7063

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2008 MAY 13 A 11:23

FILED

FLORIDA/FOREIGN LIMITED LIABILITY CO.

Venezia Plaza, LLC

RECEIVED

08 MAY 13 PM 3:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Certificate of Status	1
Certified Copy	1
Page Count	01
Estimated Charge	\$160.00

A. LUNT  
MAY 14 2008  
EXAMINER

Electronic Filing Menu

Corporate Filing Menu

Help

(((H08000128185 3)))

**ARTICLES OF ORGANIZATION  
OF  
VENEZIA PLAZA, LLC**

The undersigned, desiring to form a limited liability company under and pursuant to Chapter 608, *Florida Statutes*, does hereby certify as follows:

**ARTICLE I - NAME**

The name of the limited liability company is VENEZIA PLAZA, LLC (the "Company").

**ARTICLE II - ADDRESS**

The mailing address and street address of the principal office of the Company is

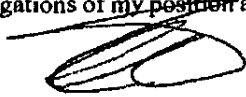
1071 West Morse Boulevard, Suite 200  
Winter Park, FL 32789

**ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE AND REGISTERED AGENT'S SIGNATURE**

The name and Florida street address of the registered agent are

Michael A. Collard  
1071 West Morse Boulevard, Suite 200  
Winter Park, FL 32789

Having been named as registered agent and to accept service of process for VENEZIA PLAZA, LLC, 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, *Florida Statutes*.



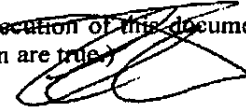
Michael A. Collard

**ARTICLE IV - MANAGER**

The name and address of the initial Manager is as follows:

Michael A. Collard  
1071 West Morse Boulevard, Suite 200  
Winter Park, FL 32789

(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.)



Michael A. Collard

(((H08000128185 3)))

FILED  
MAY 13 A 11:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA