

Division of Corporations

Page 1 of 1

L08000048036

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 & JONES
Account Number : I19990000278
Phone : (407) 647-4455
Fax Number : (407) 740-7063

2008 MAY 13 A 11:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

FLORIDA/FOREIGN LIMITED LIABILITY CO.

Venezia Plaza, LLC

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

RECEIVED

08 MAY 13 PM 3:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)))