

DIVISION May, 27, 2008 11:53 AM

No. 389 Page 1 of 1

# L08000052128

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.**

((H08000138199 3)))



H080001381993ABC6

**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

## FLORIDA/FOREIGN LIMITED LIABILITY CO.

### CARYSFORT DEVELOPMENT CO., LLC

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

RECEIVED

08 MAY 27 PM 2:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

08 MAY 27 AM 8:20

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

T. HAMPTON

MAY 28 2008

EXAMINER

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

CARYSFORT DEVELOPMENT CO., LLC

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

**ARTICLE II - Address:**

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

**Principal Office Address:**

c/o Roxann Management Corp.

29 Barstow Road, Suite 202

Great Neck, NY 11021

**Mailing Address:**

29 Barstow Road

Suite 202

Great Neck, NY 11021

**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:

Incorporating Services, Ltd.

Name

1540 Glenway Drive

Florida street address (P.O. Box **NOT** acceptable)

Tallahassee FL 32301

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.*

*Kimberly D. Searcy, Asst. Secy.*  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

FILED  
08 MAY 27 AM 8:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(H080001381993)

(May. 27. 2008 1:55PM 473)

**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:**

MGR

ADAM KATZ

29 BARSTOW ROAD, SUITE 202

GREAT NECK, NY 11021

(Use attachment if necessary)

**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:**

Shirley Shu  
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.)

SHERI SHULMAN

Typed or printed name of signee

FILED

08 MAY 27 AM 8:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(408000138 1993)