

## 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.

(((H08000151461 3)))



HD800Q1514813ABC-

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

Prom .

GAIL S ANDRE

Account Name : LOWEDES, DROSDICK, DOSTER, KANTOR & REED, P.A.

Account Number : 072720000036 Phone : (407)843-460

Phone : (407)843-4600 Pax Number : (407)843-4444

PLEASE ARRANGE FILING OF THE ATTACHED ARTICLES OF ORGANIZATION AND RETURN A

CERTIFICATION TO ME AS SOOM AS POSSIBLE. THANK YOU.

# FLORIDA/FOREIGN LIMITED LIABILITY CO.

RECEIVED
18 JUN 13 PH 4: 05

BRM SOUTHEAST MARINER'S COVE GP, LLC

Certificate of Status	0
Certified Copy	1
Page Count	01
Betimated Charge	\$155,00

J. BRYAN

JUN 16 2008

**EXAMINER** 

Electronic Filing Menu

Corporate Filing Menu

Help

7504 - 31 ( 19

407-843-4444

6/13/2008 3:40

PAGE 001/003

Fax Server

Lowndes Drosdick Doster Kantor Kantor Reed, P.A. 215 NORTH EOLA DRIVE ORLANDO, FLORIDA 32801 450 SOUTH ORANGE AVENUE, SUITE 800 ORLANDO, FLORIDA 32801

POST OFFICE BOX 2809, ORLANDO, FLORIDA 32802-2809 TEL.: 407-843-4600 / FAX.: 407-843-4444

www.lowndes-law.com

MERITAS CAW FIRMS WORLDWIDE

RN

FROM:

Name:

Fax Number: Voice Number:

 $T_{\Omega}$ .

Name:

**DIVISION OF CORPORATIONS** 

Company:

Fax Number: Voice Phone:

1-850-617-6383

**MESSAGES:** 

Date and time of transmission:

Friday, June 13, 2008 3:40:02 PM

Number of pages including this cover sheet:

03

If you did not receive all of the pages, please contact us as soon as possible.

The information contained in this transmission is attorney privileged and confidential. It is intended only for the use of the individual or entity named above. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution or copy of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone collect and return the original message to us at the above address via the U.S. Postal Service. We will reimburse you for postage. Thank you.

H08000151461 3

#### ARTICLES OF ORGANIZATION

OF

### BRM SOUTHEAST MARINER'S COVE GP, LLC

#### ARTICLE 1 - NAME

The name of this limited liability company is BRM Southeast Mariner's Cove GP, LLC (the "Company").

#### ARTICLE II - PRINCIPAL OFFICE

The mailing address and the street address of the principal office of the Company is 501 North Magnolia Avenue, Orlando, Florida 32801.

#### ARTICLE III - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of the Company is 50! North Magnolia Avenue, Orlando, Florida 3280!, and the name of the initial registered agent of the Company at that address is Louis E. Vogt.

Signature of a Member or an Authorized Representative of a Member

Louis E. Vogt

Typed or Printed Name of Signer

#### Acceptance of Registered Agent

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated above, the undersigned hereby accepts the appointment as registered agent and agrees to act in such capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of his duties, and represents that he is familiar with, and accepts the obligations of, his position as registered agent as provided for in Chapter 608, Florida Statutes.

Louis E. Vogt