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| (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: |
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Office Use Only



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B. KOHR

JUL - 7 2008

**EXAMINER** 



| CORPDIRECT AGE<br>515 EAST PARK AV<br>TALLAHASSEE, FL<br>222-1173 | ENUE           | merly CCRS)                  |  |  |
|---|----------------|------------------------------|--|--|
| FILING COVER :<br>ACCT. #FCA-14                                   | SHEET          |                              | ,<br>Q <sub>2</sub>  |  |
| CONTACT:  | KATIE WO       | <u>NSCH</u>                  | OB JIL T OH 2: 35  |  |
| DATE:   | 07/07/08       |                              | ج ج رکاری  |  |
| REF. #:   | 000166.8941    | <u>6</u>                     | Children of the contract of th |  |
| CORP. NAME:   | BRS AT MA      | AIN/MCPHERSON, LLC           |  |  |
| ( ) ARTICLES OF INCORPORATION                                     |                | ( ) ARTICLES OF AMENDMENT    | ( ) ARTICLES OF DISSOLUTION  |  |
| ( ) ANNUAL REPORT   |                | ( ) TRADEMARK/SERVICE MARK   | ( ) FICTITIOUS NAME  |  |
| ( ) FOREIGN QUALIFICATION   |                | ( ) LIMITED PARTNERSHIP      | (XX) LIMITED LIABILITY   |  |
| <ul><li>( ) REINSTATEMENT</li><li>( ) CERTIFICATE OF C</li></ul>  | CARICELL ATION | ( ) MERGER                   | ( ) WITHDRAWAL   |  |
| ( ) OTHER:  | CANCELLATION   |                              |  |  |
|   |                | TH CHECK# 526723             |  |  |
| AUTHORIZAȚI   | ON FOR A       | CCOUNT IF TO BE DEBITE       | D.   |  |
|   | COST LIMIT: \$ |                              |  |  |
| PLEASE RETU   | RN:            |                              |  |  |
| ( XX ) CERTIFIED CO   |                | ( ) CERTIFICATE OF GOOD STAN | DING ( ) PLAIN STAMPED COPY  |  |

Examiner's Initials

#### ARTICLES OF ORGANIZATION

OF

OB MIL T PH 2: 35

#### BRS AT MAIN/MCPHERSON, LLC

The undersigned, as the authorized representative of the initial member of BRS AT MAIN/MCPHERSON, LLC, a Florida limited liability company formed hereunder (the "Company"), on behalf of the members of the Company, hereby forms a limited liability company under the laws of the State of Florida.

## ARTICLE I COMPANY NAME

The name of the company is BRS AT MAIN/MCPHERSON, LLC

# ARTICLE II COMMENCEMENT AND TERM OF EXISTENCE

In accordance with Section 608.409(1) of the Florida Limited Liability Company Act (the "Act"), the term of existence of the Company shall commence upon the filing of these executed Articles of Organization with the Florida Department of State, and shall continue perpetually, unless otherwise dissolved pursuant to the Operating Agreement (or Limited Liability Company Agreement) of the Company.

### ARTICLE III MAILING ADDRESS AND STREET ADDRESS OF COMPANY

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

BRS AT MAIN/MCPHERSON, LLC c/o Mr. Robert R. Starnes 340 Palm Island Drive, SE Clearwater, Florida 33767

## ARTICLE IV REGISTERED AGENT AND REGISTERED AGENT ADDRESS

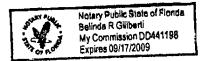
The registered agent and the street address of the registered agent of this Company in the State of Florida shall be:

Geoffrey S. Mombach, Esq. Mombach, Boyle & Hardin, P.A. 500 East Broward Boulevard Suite 1950 Fort Lauderdale, Florida 33394

IN WITNESS WHEREOF, the undersigned being the authorized representative of the initial member of the limited liability company hereby executes these Articles of Organization, this 3rd day of July, 2008.

| STATE OF FLORIDA  |  |  |
|-------------------|--|--|
| COUNTY OF BROWARD |  |  |

The foregoing instrument was acknowledged before me this  $3^{1/2}$  day of July, 2008, by GEOFFREY S. MOMBACH, who  $\Box$  is personally known to me or who  $\Box$  has produced a Florida driver's license as identification.



Notary Public - State of Florida
My Commission Expires: 09/17/09
Commission Number: 0044/198

Having been named as registered agent and to accept service of process for the above 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.

DATED this 3<sup>rd</sup> day of July, 2008.

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