

## Florida Department of State

Division of Corporations Public Access System

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Division of Corporations

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## FLORIDA/FOREIGN LIMITED LIABILITY CO.

CSMC 2007-C3 LAKE JASMINE APARTMENTS, LLC

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**EXAMINER** 

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## ARTICLES OF ORGANIZATION OF CSMC 2007-C3 LAKE JASMINE APARTMENTS, LLC

- 1. The name of the limited liability company is CSMC 2007-C3 LAKE JASMINE APARTMENTS, LLC.
- 2. The mailing address and the street address of the principal office of the limited liability company are c/o LNR Partners, Inc., 1601 Washington Avenue, Suite 700, Miami Beach, Florida 33139.
- 3. The name and street address of the initial registered agent of the limited liability company are C T Corporation System, 1200 South Pine Island Road, Plantation, Florida 33324.
- 4. The limited liability company shall be managed by a manager. The name and address of the initial manager of the limited liability company are: LNR Partners, Inc., a Florida corporation, 1601 Washington Avenue, Suite 700, Miami Beach, Florida 33139.

IN WITNESS WHEREOF, these Articles of Organization have been executed by the below named authorized representative of the member of the limited liability company effective as of the 12<sup>th</sup> day of August, 2008.

//s// Kendall Sparkman

Kendall Sparkman Authorized Representative 08 AUG 12 AM 9:5

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## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE POLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Compa	any is:
CSMC 2007-C3 LAKE JASMINE .	APARTMENTS, LLC
2. The name and the Florida street address of	of the registered agent and office are:
ст	Corporation System
	(Name)
1200 S	outh Pine Island Road
Florida Street Addr	CES (P.O. BOX NOT ACCEPTABLE)
Plant	ation, Florida 33324
	City/State/Zlp
liability company at the place designated in the agent and agree to act in this capacity. I further elating to the proper and complete performan	accept service of process for the above stated limited is certificate. I hereby accept the appointment as registered or agree to comply with the provisions of all statutes ce of my duties, and I am familiar with and accept the as provided for in Chapter 608, Florida Statutes.
Madonna Guddiny Special Assistant Secretary	
\$ 100.00	Filing Fee for Application
\$ 25,00 \$ 30.00	Designation of Registered Agent Certified Copy (optional)

5.00 Certificate of Status (optional)