

L08066079213

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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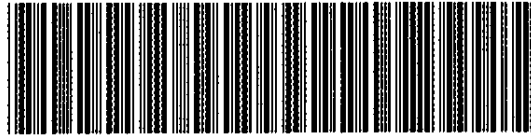
(Business Entity Name)

(Document Number)

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

EFFECTIVE DATE 8/18/08

FILED
08 AUG 19 AM 9:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. KOHR

AUG 20 2008

EXAMINER



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 691871 17174394

AUTHORIZATION : *Spudde man*

COST LIMIT : \$ 125.00

ORDER DATE : August 19, 2008

ORDER TIME : 2:27 PM

ORDER NO. : 691871-005

CUSTOMER NO: 7174394

EFFECTIVE DATE 8/18/08

FILED
08 AUG 19 AM 9:20
TALLAHASSEE, FLORIDA

DOMESTIC FILING

NAME: DAVIE BOULEVARD, LLC

EFFECTIVE DATE:

____ ARTICLES OF INCORPORATION
____ CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY
____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Debbie Skipper - EXT. 2948

EXAMINER'S INITIALS: _____

EFFECTIVE DATE 8/18/08

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Davie Boulevard, 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:

750 SE 3rd Avenue, Suite 100

Fort Lauderdale, FL 33316

Mailing Address:

750 SE 3rd Avenue, Suite 100

Fort Lauderdale, FL 33316

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:

Michelle K. Kain

Name

750 SE 3rd Avenue, Suite 100

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

Fort Lauderdale, FL 33316

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..

Michelle K. Kain
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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:

MGRM

Robert C. Kain, Jr.

750 SE 3rd Avenue, Suite 100

Fort Lauderdale, FL 33318

MGR

Jay L. Vallinsky

750 SE 3rd Avenue, Suite 100

Fort Lauderdale, FL 33318

MGR

Michelle K. Kain

750 SE 3rd Avenue, Suite 100

Fort Lauderdale, FL 33318

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: August 18, 2008 (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:

Michelle K. Kain
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.)

Michelle K. Kain

Typed or printed name of signer

Filing Fees:

**\$125.00 Filing Fee for Articles of Organization and Designation
of Registered Agent**

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)