

L08000089935

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

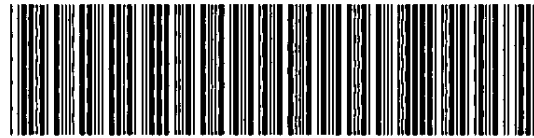
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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RECEIVED
08 SEP 22 PM 4: 25
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

B. KOHR

SEP 23 2008

EXAMINER

FILED
08 SEP 22 AM 9: 35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



UCC FILING & SEARCH SERVICES, INC.
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September 22, 2008
 ORDER FILED
 TALLAHASSEE, FLORIDA
 M 9:35

CORPORATION NAME (S) AND DOCUMENT NUMBER(S):

1750 North Dysart Road, LLC

Filing Evidence

- Plain/Confirmation Copy
- Certified Copy

Retrieval Request

- Photocopy
- Certified Copy

Type of Document

- Certificate of Status
- Certificate of Good Standing
- Articles Only
- All Charter Documents to Include Articles & Amendments
- Fictitious Name Certificate
- Other

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	Non Profit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of RA Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Reports
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation
<input type="checkbox"/>	Reinstatement

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I: NAME

The name of the Limited Liability Company is:

1750 NORTH DYSART ROAD, LLC

ARTICLE II: ADDRESS

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

5130 North Federal Highway, Suite 8
Fort Lauderdale, Florida 33308

ARTICLE III: PURPOSE


The purpose for which this Limited Liability Company is organized is:

Any and all lawful business.

ARTICLE IV: REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT'S SIGNATURE:

Grant W. Kehres
2000 Glades Road, Suite 302
Boca Raton, Florida 33431

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 property 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.



Registered Agent's Signature

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ARTICLE V - MANAGEMENT:

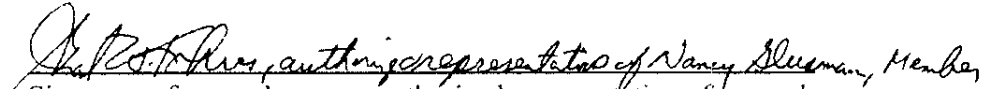
The Limited Liability Company is to be managed by a managing member and is, therefore, a manager - managed company. The name and address of the managing member is:

Title: Managing Member
Nancy Glusman
5130 North Federal Highway, Suite 8
Fort Lauderdale, Florida 33308

ARTICLE VI - EFFECTIVE DATE:

The effective date for this Limited Liability Company shall be:

The date these Articles are filed at the office of the Florida Secretary of State.


Signature of a member or an authorized representative of a member

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

GRANT W. KEHRES, authorized representative of NANCY GLUSMAN, Member
Typed or printed name of signee.