

Division of Corporations

FAX AUDIT NO. H08000250598 3

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : MICHAEL J. FREEMAN, P.A.
Account Number : 072720000142
Phone : (305) 442-1567
Fax Number : (305) 442-1227

FLORIDA/FOREIGN LIMITED LIABILITY CO.

6103 AQUA LANAI LLC

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$160.00

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EXAMINER

NOV - 5 2008 4:14PM

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I – Name:

The name of the Limited Liability Company is:

6103 AQUA LANAI LLC

ARTICLE II – Address:

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

Principal Office Address:	153 Sevilla Avenue	Mailing Address:	P.O. Box 140668
	Coral Gables, FL 33134		Coral Gables, FL 33114-0668

ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

M.J. F. Registered Agent Corp.
Name

153 Sevilla Avenue
Florida Street Address (No P.O. Box)

Coral Gables, FL 33134
City, State, and Zipcode

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 808, F.S.



Registered Agent's Signature
(Michael J. Freeman, President)

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

MGRM

Name and Address:

Orland M. Brown
625 St. Charles Ave.
Apt. 10-D
New Orleans, LA 70130

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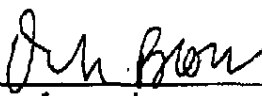
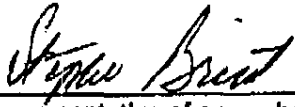
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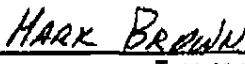
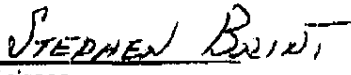
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MGRM

Stephen Brint
625 St. Charles Ave.
Apt. 10-D
New Orleans, LA 70130

REQUIRED SIGNATURE:

 
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.)

 
Type or print name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization & Designation of Registered Agent
\$30.00 Certified Copy (Optional)
\$5.00 Certificate of Status (Optional)

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MICHAEL J. FREEMAN, P.A.

Nov. 5, 2008 4:14PM