

# L0800014795

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : C T CORPORATION SYSTEM  
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Fax Number : (850) 878-5926

\* Please  
Date 12/15/08

## FLORIDA/FOREIGN LIMITED LIABILITY CO.

Austin RE Holdco, LLC

|                       |                  |
|-----------------------|------------------|
| Certificate of Status | 0                |
| Certified Copy        | 0                |
| Page Count            | 08 <sup>14</sup> |
| Estimated Charge      | \$125.00         |

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### EXAMINER



December 17, 2008

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

CT CORPORATION SYSTEM

SUBJECT: AUSTIN RE HOLDCO, LLC  
REF: W08000055792

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document must be signed by a member or manager of the limited liability company.

If you have any further questions concerning your document, please call (850) 245-6855.

Tammy Hampton  
Regulatory Specialist II  
Registration/Qualification Section

FAX Aud. #: H08000274518  
Letter Number: 008A00060693

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TALLAHASSEE, FLORIDA

P.O BOX 6327 - Tallahassee, Florida 32314

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

Austin RE Holdco, LLC

(Must end with the words "Limited Liability Company," "LLC," or "L.L.C.")

### ARTICLE II - Address:

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

#### Principal Office Address:

31 Lupi Court, Suite 130

Palm Coast, Florida 32137-4761

#### Mailing Address:

### 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:

CT Corporation System

Name

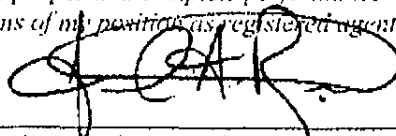
1200 South Pine Island Road

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

Plantation, FL 33324

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.*



Registered Agent's Signature (REQUIRED)

Joel A. Rodriguez  
Corporate Ops. Manager

(CONTINUED)

Page 1 of 2

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**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:**

MGR

Robert H. Gidel, Manager

31 Lupi Court, Suite 130

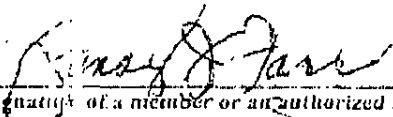
Palm Coast, Florida 32137-4761

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (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:**

  
\_\_\_\_\_  
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.)

Penny J. Farr

\_\_\_\_\_  
Typed or printed name of signed

**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)