# Florida Department of State

Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H09000049678 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Division of Corporations

Fax Number : (850)617-6383

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (850)222-1092 Phone

Fax Number : (850)878-5368

FLORIDA/FOREIGN LIMITED LIABILITY CO.

Equinoccio, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

A. LUNT

MAR -4 2009

EXAMINER

Electronic Filing Menu

Corporate Filing Menu

Help

#### ARTICLES OF ORGANIZATION

OF

### EQUINOCCIO, LLC

#### ARTICLE 1 - Name

The name of the Limited Liability Company is EQUINOCCIO, LLC (the "Company"

#### ARTICLE II - Address

The mailing address and street address of the principal office of the Company is 12300 South Shore Blvd., Suite 200, Wellington, Florida 33414

#### ARTICLE III - Management

The Company shall be managed by its manager, as set forth in the company's Operating Agreement and is therefore a manager-managed Company.

#### ARTICLE IV- Registered Agent and Office

The street address of the Company's initial registered agent and office is 1200 S. Pine Island Road, Plantation, Florida 33324 and the name of its initial registered agent at such office is CT Corporation System.

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.

Dated this 3rd day of March, 2009.

Debra Palmisano

Authorized Person

## ACCEPTANCE OF APPOINTMENT OF REGISTERED AGENT

The undersigned, having been named as Registered Agent and to accept service of process for the above stated limited liability company at the place designated in these Articles of Organization, the undersigned hereby accepts the appointment as registered agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of its duties, and is familiar with and accepts the obligations of its position as registered agent as provided for in Florida Statutes Chapter 608.

Dated this 3rd day of March, 2009.

CT CORPORATION SYSTEM

By: Chris McNegir
Name: Assistant Secretary

MIA 180,473,141v1

2009 MAR -3 PM 12: 35
SECRETARY OF STATE
TALL ANASSET