

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.

(((H09000057930 3)))



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

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: BILZIN SUMBERG BAENA PRICE & AXELROD LLP

Account Number : 075350000132

Phone

: (305)374-7580

Fax Number

: (305)351-2122

LORIDA/FOREIGN LIMITED LIABILITY CO.

FUCMS 2001-C2 PHILLIPE PARKWAY, LLC

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

S. HAWKES MAR 1 3 2009 **EXAMINER**

Electronic Filing Menu

Corporate Filing Menu

Help

H09000057930 3

ARTICLES OF ORGANIZATION OF FUCMS 2001-C2 PHILLIPE PARKWAY, LLC

- 1. The name of the limited liability company is FUCMS 2001-CZ-PHILLIP PARKWAY, LLC.
- 2. The mailing address and the street address of the principal office of the limited liability company are c/o LNR Partners, Inc., 1601 Washington Avenue, Suite 700, Miami Beach, Florida 33139.
- 3. The name and street address of the initial registered agent of the limited liability company are C T Corporation System, 1200 South Pine Island Road, Plantation, Florida 33324.
- 4. The limited liability company shall be managed by a manager. The name and address of the initial manager of the limited liability company are: LNR Partners, Inc., a Florida corporation, 1601 Washington Avenue, Suite 700, Miami Beach, Florida 33139.

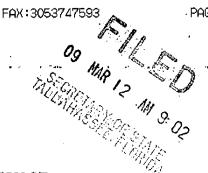
IN WITNESS WHEREOF, these Articles of Organization have been executed by the below named authorized representative of the member of the limited liability company effective as of the 12th day of March, 2009.

//s// Julia Kim

Julia Kim Authorized Representative

H09000057930 3

H09000057930 3



CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 of 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1	The name	of the	Limited	Liability	Company	is
٠.	* 110 HHH44		*****	+-+	~~+4+P+ P+++ A	***

FUCMS 2001-C2 PHILLIPE PARKWAY, LLC

2. The name and the Floridz street address of the registered agent and office are:

C T Corporation System (Name) 1200 South Pine Island Road Florida Street Address (P.O. Box NOT ACCEPTABLE) Plantation, Plorida 33324 City/State/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, Florida Statutes.

C T Comporation System

Madonna Cuddihy Special Assistant Secretary

\$ 100.00 Filing Fee for Application

S 25.00 Designation of Registered Agent

Certified Copy (optional) \$ 30.00

Certificate of Status (optional) 5.00