

L090000062243

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

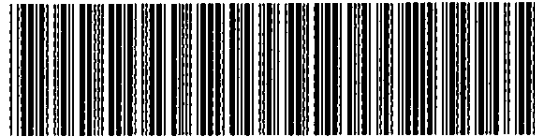
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100157517451

06/29/09--01001--017 \*\*155.00

RECEIVED  
09 JUN 26 PM 4:45  
STATE  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B. KOHR  
JUN 29 2009  
EXAMINER

FILED  
09 JUN 26 AM 8:15  
STATE  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPDIRECT AGENTS, INC. (formerly CCRS)  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301  
222-1173

FILING COVER SHEET  
ACCT. #FCA-14

CONTACT: TRICIA TADLOCK

DATE: 06/26/09

REF. #: 0166.106384

CORP. NAME: HORSESHOE ACRES ESTATES, L.L.C.

FILED  
09 JUN 26 AM 8:15  
TALLAHASSEE, FLORIDA

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION   | <input type="checkbox"/> ARTICLES OF AMENDMENT  | <input type="checkbox"/> ARTICLES OF DISSOLUTION      |
| <input type="checkbox"/> ANNUAL REPORT               | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME              |
| <input type="checkbox"/> FOREIGN QUALIFICATION       | <input type="checkbox"/> LIMITED PARTNERSHIP    | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT               | <input type="checkbox"/> MERGER                 | <input type="checkbox"/> WITHDRAWAL                   |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION |   |   |
| <input type="checkbox"/> OTHER:                      |   |   |

STATE FEES PREPAID WITH CHECK# 530792 FOR \$ 155.00.

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

\_\_\_\_\_ COST LIMIT: \$ \_\_\_\_\_

PLEASE RETURN:

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS     |   |   |

Examiner's Initials

**ARTICLES OF ORGANIZATION  
OF  
HORSESHOE ACRES ESTATES, L.L.C.**

FILED  
09 JUN 26 AM 8:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The undersigned, as the authorized representative of the initial member of HORSESHOE ACRES ESTATES, L.L.C., a Florida limited liability company formed hereunder (the "Company"), on behalf of the members of the Company, hereby forms a limited liability company under the laws of the State of Florida.

**ARTICLE I  
COMPANY NAME**

The name of the company is HORSESHOE ACRES ESTATES, L.L.C.

**ARTICLE II  
COMMENCEMENT AND TERM OF EXISTENCE**

In accordance with Section 608.409(1) of the Florida Limited Liability Company Act (the "Act"), the term of existence of the Company shall commence upon the filing of these executed Articles of Organization with the Florida Department of State, and shall continue perpetually, unless otherwise dissolved pursuant to the Operating Agreement (or Limited Liability Company Agreement) of the Company.

**ARTICLE III  
MAILING ADDRESS AND STREET ADDRESS OF COMPANY**

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

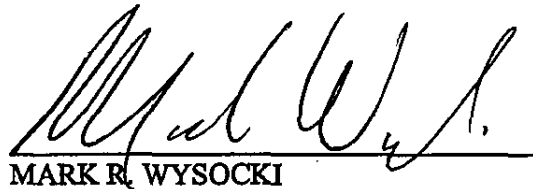
HORSESHOE ACRES ESTATES, L.L.C.  
5801 Congress Avenue  
Boca Raton, Florida 33487

**ARTICLE IV**  
**REGISTERED AGENT AND REGISTERED AGENT ADDRESS**

The registered agent and the street address of the registered agent of this Company in the State of Florida shall be:

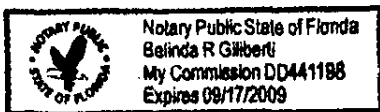
Mark R. Wysocki, Esq.  
Mombach, Boyle & Hardin, P.A.  
500 East Broward Boulevard  
Suite 1950  
Fort Lauderdale, Florida 33394

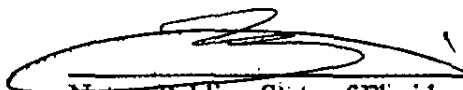
IN WITNESS WHEREOF, the undersigned being the authorized representative of the initial member of the limited liability company hereby executes these Articles of Organization, this 26th day of June, 2009.

  
MARK R. WYSOCKI

STATE OF FLORIDA                     )  
COUNTY OF BROWARD                )


The foregoing instrument was acknowledged before me this 26<sup>th</sup> day of June, 2009, by MARK R. WYSOCKI, who (☒) is personally known to me or who (☐) has produced a Florida driver's license as identification.



  
\_\_\_\_\_  
Notary Public - State of Florida  
My Commission Expires: 09/17/09  
Commission Number: DD441188

Having been named as registered agent and to accept service of process for the above 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.

DATED this 26th day of June, 2009.

  
\_\_\_\_\_  
Mark R. Wysocki

N:\GSM\WOLF\entities\Horseshoe Acres Estates, LLC\Form Art-OrgLLC.doc