

Division of Corporations

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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 : BILZIN SUMBERG BAENA PRICE & AXELROD LLP

Account Number : 075350000132

Phone : (305) 374-7580

Fax Number : (305) 351-2122

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA**FLORIDA/FOREIGN LIMITED LIABILITY CO.****CSFB 2003-C4 NW 20TH AVENUE, LLC**

Certificate of Status	1
Certified Copy	1
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EXAMINER

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ARTICLES OF ORGANIZATION
OF
CSFB 2003-C4 NW 20TH AVENUE, LLC

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of the limited liability company is CSFB 2003-C4 NW 20TH AVENUE, 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 10th day of July, 2009.

//s// Julia Kim

Julia Kim

Authorized Representative

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SECRETARY OF STATE
TALLAHASSEE, FLORIDACERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 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:

CSFB 2003-C4 NW 20TH AVENUE, LLC

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

CT Corporation System

(Name)

1200 South Pine Island RoadFlorida Street Address (P.O. Box NOT ACCEPTABLE)Plantation, Florida 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.

CT Corporation System

By: Madonna Cuddihy

(Signature)

Madonna Cuddihy
Special Assistant Secretary

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)