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To:

Division of Corporations

Fax Number : (850) 617-6383

AUG 192009

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255

Phone

: (305)634-3694

Fax Number : (305)633-9696

**EXAMINER** 

## FLORIDA/FOREIGN LIMITED LIABILITY CO.

the club of florida, llc

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

Corporate Filing Menu

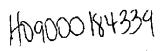
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Electronic Filing Menu

8/18/2009

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ARTICLES OF ORGANIZATION FOR I	FLORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name:	
The name of the Limited Liability Company i	<b>9:</b>
THE CLUB OF F  (Must end with the words "Limited Lis	LORIDA, LLC billy Company," "LLC," or "LC")
ARTICLE II - Address:	
	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2903 Salzedo Street, 2nd Floor	2903 Salzedo Street, 2nd Floor
Coral Gables, FL 33134	Coral Gables, FL 33134
The name and the Florida street address of the Pater J. Y Name	'anowitch
	• • •
2903 Salzedo S	treet 2nd Floor
Florida street address (P.0	
Coral Gables, FL 3313	4 PC.
City, State,	and Zip
	accept service of process for the above stated limited
	this certificate, I hereby accept the appointment as ity. I further agree to comply with the provisions of all
	performance of my duties, and I am familiar with and
accept the abligations of my position as reg	ristered agent as provided for in Chapter 608, F.S
Registered Agent's Signi	enture (REQUIRED)
Registrio Agest 6 Signi	S S S
1	A A A A A A A A A A A A A A A A A A A
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ARTICLE IV-	Manager(s) or	Managing Member	r(s):	
The name and a	ddress of each M	Janager or Managin	g Member is as	follows:

100 ACOM 1 - 3 A		Name and Address:
"MGR" = Manager		
"MGRM" = Managi	ng Member	
MGR		Peter J. Yanowitch
		2903 Salzedo Street, 2nd Floor
		Coral Gables, Fl. 33134
(Use attachment if no	ecessary)	
LEV: Effective date	, if other than the the date must be	date of filing: (OPTIONAll specific and cannot be more than five business day
CLE V: Effective date effective date is listed,	if other than the the date must be of filing.)	date of filing: (OPTIONAle specific and cannot be more than five business day
CLE V: Effective date effective date is listed, 0 days after the date of REQUIRED SIGNA	, if other than the the date must be of filling.)	date of filing:
CLE V: Effective date iffective date is listed, days after the date of REOUIRED SIGNATES Signates of the control of the contro	the date must be filling.)  ATURE:	ror ap authorized representative of a member.  tem 608.408(3), Florida Statutes, the execution littles an affirmation under the penalties of perjury
CLE V: Effective date affective date is listed, days after the date of the dat	the date must be filling.)  ATURE:  nature of a member accordance with set this document cons	ror an authorized representative of a member.  Item 608.408(3), Florida Staputes, the execution index an affirmation under the penalties of perjury ein are true.)
CLE V: Effective date affective date is listed, days after the date of the dat	the date must be of filling.)  ATURE:  nature of a member accordance with set this document constitute facts stated her	ror ap authorized representative of a member.  tem 608.408(3), Florida Statutes, the execution littles an affirmation under the penalties of perjury

of Registered Agent

\$ 30.60 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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