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Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255

Phone : (305)634-3694 Fax Number : (305)633-9696

FLORIDA/FOREIGN LIMITED LIABILITY CO.

hawthorne real estate fund, llc

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

S. HAWKES

SEP 1 7 2009

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Corporate Filing Menu

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9/16/2009

EMPIRE CORP KIT

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91:91 6002/91/60

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ARTICLES OF ORGANIZATION FOR	R FLORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Company	via:
Hawthorne Real B	Estate Fund, LLC
(Must end with the words "Limited I	diability Company," "L.L.C.," or "LLC.")
-	e principal office of the Limited Liability Company
Principal Office Address:	Mailing Address:
280 Arvida Parkway Coral Gables FL 33156	280 Arvida Parkway Coral Gables, Fl. 33156
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own I business entity with an active Florida registration.)	ered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another
The name and the Florida street address of t	he registered agent are:
Thomas 1	Dalmiori For

Thomas J. Palmieri, Esq.

Name

340 Minorca Ave., Suite One

Florida street address (P.O. Box NOT acceptable)

Coral Gables, FL 33134 FL

City, State, and 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 possion as registered agent as provided for in Chapter 608, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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Page Lot 2

<u>Title:</u>	NY A statement
	Name and Address:
"MGR" = Managor	ه ښري .
"MGRM" = Managing Mem	ber
MGRM	ber Dr. Richard Schulze 280 Arvida Parkway Coral Gables, El 33158
	280 Arvida Parkway
	200 Alvina Falkway
	Coral Gables, Ft 33158
	
(Use attachment if necessary)
•	•
ICLE V: Effective date, if other	than the date of filing: (OPTIONAL)
ICLE V: Effective date, if other a effective date is listed, the date	than the date of filing: e must be specific and cannot be more than five business days price.
ICLE V: Effective date, if other effective date is listed, the date 90 days after the date of filing.	than the date of filing: e must be specific and cannot be more than five business days price)
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\$ 5.00 Certificate of Status (Optional)