

LOA000104719

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (050) 617 6383

From: Account Name : FILINGS, INC.
Account Number : 072720000101
Phone : (850) 385-6735
Fax Number : (954) 641-4192

L. SELLERS
OCT 30 2009
EXAMINER

FLORIDA/FOREIGN LIMITED LIABILITY CO.

CITY VIEW MANAGEMENT LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

RECEIVED
09 OCT 29 PM 2:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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09 OCT 29 AM 8:50
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TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

City View Management LLC

(Must end with the words "Limited Liability Company" or "LLC")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

1001 Yamato Rd
Suite 302
Boca Raton, Florida 33431

1001 Yamato Rd
Suite 302
Boca Raton, FL 33431

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.

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

Mark Perry

Name

2400 East Commercial Blvd Suite 201

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

Fort Lauderdale, 33308

City, State, and Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company in 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.

Registered Agent's Signature (Mark Perry)

(CONTINUED)

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ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows.

<u>Title:</u>	<u>Name and Address:</u>
"MGR" = Manager "MGRM" = Managing Member	
<u>LongLake Ventures MGRM</u>	<u>Long Lake Ventures</u> <u>18105 Long Lake Dr</u> <u>Boca Raton, Florida 33486</u>
_____	_____
_____	_____
_____	_____

(Use attachment if necessary)

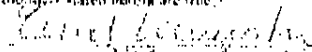
ARTICLE V: Effective date. If other than the date of filing, _____ (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

In accordance with Section 607.408(1), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.



Typed or printed name of signor

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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