

Division of Corporations

Page 1 of 1

09000109073

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H090002391583)))



H090002391583ABC4

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : FOWLER WHITE BURNETT P.A.
Account Number : 071250001512
Phone : (305) 789-9200
Fax Number : (305) 789-9201

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 NOV 12 AM 9:48

FILED

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please****

Email Address: _____

**FLORIDA/FOREIGN LIMITED LIABILITY CO.
SOUTHEAST FLORIDA REGIONAL CENTER, LLC**

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

D. BRUCE

NOV 13 2009

EXAMINER

RECEIVED

09 NOV 12 AM 6:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

Audit No. H09000239158 3

ARTICLES OF ORGANIZATION
OF
SOUTHEAST FLORIDA REGIONAL CENTER, LLC

ARTICLE I

The name of the limited liability company formed hereby is SOUTHEAST FLORIDA REGIONAL CENTER, LLC (the "Limited Liability Company").

ARTICLE II

The duration of the Limited Liability Company shall be perpetual.

ARTICLE III

The principal office and mailing address of the Limited Liability Company shall be as follows:

55 Miracle Mile, Suite 300
Coral Gables, Florida 33134

ARTICLE IV

The Registered Agent of the Limited Liability Company and his street address in the State of Florida are as follows:

Richard A. Wood, Esq.
1395 Brickell Avenue, 14th Floor
Miami, Florida 33131

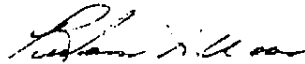
Audit No. H09000239158 3

FILED
09 NOV 12 AM 9:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Audit No. H09000239158 3

ARTICLE V

The Limited Liability Company shall be managed by William H. Holly, Managing Member.

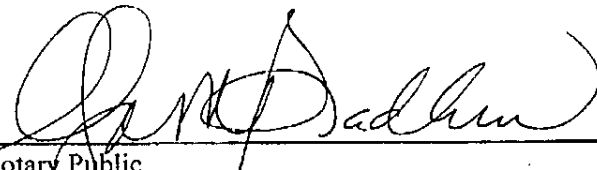


Richard A. Wood,
as Authorized Representative of the Members


STATE OF FLORIDA)
)
COUNTY OF MIAMI-DADE)

Before ~~me~~ personally appeared Richard A. Wood, as Authorized Representative of the Members, ☒ who is personally known to me, or ☐ who produced _____ as identification, to be the person who executed the foregoing Articles of Organization.

In witness whereof I have hereunto set my hand and official seal this 10 day of November, 2009



Notary Public
Print Name: _____
My Commission expires: _____

NOTARY PUBLIC - STATE OF FLORIDA
 Olga M. Bradham
Commission #DD63369S
Expires: JAN. 28, 2011
BONDED THRU ATLANTIC BONDING CO., INC.

Audit No. H09000239158 3

FILED
09 NOV 12 AM 9:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Audit No. H09000239158 3

**CERTIFICATE OF DESIGNATION
OF RESIDENT AGENT AND
ACCEPTANCE OF DESIGNATION**

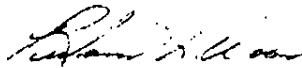
Pursuant to the provisions of Section 608.415, Florida Statutes, the undersigned limited liability company organized under the laws of the state of Florida, submits the following statement in designating its Registered Office and Registered Agent in the State of Florida:

1. The name of the limited liability company is SOUTHEAST FLORIDA REGIONAL CENTER, LLC

2. The name and address of the Registered Agent and Office is:

Richard A. Wood, Esq.
1395 Brickell Avenue, 14th Floor
Miami, Florida 33131

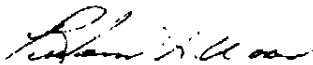
Having been named as Registered Agent and to accept service of process for the above stated limited liability company at the place designated in the Certificate, I hereby accept the appointment as Registered Agent and agree to act in this capacity. I further agree to comply with the provisions of all Statutes relating to the proper and complete performance of my duties, and am familiar with and accept the obligations of my position as Registered Agent.



Richard A. Wood, Registered Agent

Date: November 10, 2009

SOUTHEAST FLORIDA REGIONAL CENTER, LLC



Richard A. Wood,
as Authorized Representative
of the Members

Audit No. H09000239158 3

[omb] W\78689\ARTORG57-SE Florida Regional.OMB(11/10/9-18:2)

FILED
09 NOV 12 AM 9:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA