L10000002792

(Requestor's Name)				
(Address)				
(Address)				
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
		;		

Office Use Only



100165152481

B. KOHR

JAN - 8 2010

EXAMINER

FLORIDA FILING & SEARCH SERVICES, INC. P.O. BOX 10662 TALLAHASSEE, FL 32302

155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

01-08-10

NAME:

EIGHTY.5, LLC

TYPE OF FILING: ARTICLES OF ORGANZIATION

COST:

\$155

RETURN: CERTIFIED COPY

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PA

ARTICLES OF ORGANIZATION FOR	FLORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name:	•
The name of the Limited Liability Company	is:
	٠.
Eighty.	5 LLC
	lability Company," "L.L.C.," or "LLC.")
ARTICLE II - Address:	·
	e principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
ala Malaha ma ante	ofo Melanas od.
c/o Watermark	c/o Watermark
100 East Pratt Street, Sulte 2530	100 Fast Prait Street, Suite 2530
Baltimore, MD 21202	Baltimore, MD 21202
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own Robusiness entity with an active Florida registration.)	red Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another
The name and the Florida street address of the	ne registered agent are:
NRAI Se	rvices, Inc.
Na	me
2731 Executive	Park Drive, Suite 4
Florida street address (F	P.O. Box <u>NOT</u> acceptable)
Weston, FL 33331	FL.
City, Stat	e, 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 position as registered agent as provided for in Chapter 608, F.S..

Registered Agent's Signature (REQUIRED)

William L DeNapoli, Assistant Secretary

(CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manag "MGRM" = Man		Name and Address:	
MGR		Brian N. McCarthy 100 Fast Pratt Street.	Suite 2530
MGR		Keith E. Getter 100 East Pratt Street, Baltimore, MD 21202	c/o Watermark Suite 2530
(Use attachment i	f necessary)		^
ARTICLE V: Effective of (If an effective date is list to or 90 days after the da	ted, the date must be sp	e of filing: ecific and cannot be mor	(OPTIONAL) re than five business days prior
REQUIRED SIG	SNATURE:	P. P.	
	Signature of a member or	an authorized representativ	e of a member.
	(In accordance with section of this document constitute that the facts stated herein:	608.408(3), Florida Statutes, as an affirmation under the pen are true.)	the execution nalties of perjury
		evin R. Brennan	
Filing Fees:	**	or printed name of signee	•

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