

L10000000 3608

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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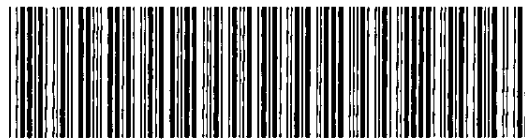
(Business Entity Name)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

B. KOHR

JAN 12 2010

EXAMINER



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 247625 7527475

AUTHORIZATION :

COST LIMIT : \$ 25.00

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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ORDER DATE : January 12, 2010

ORDER TIME : 11:26 AM

ORDER NO. : 247625-005

CUSTOMER NO: 7527475

DOMESTIC FILING

NAME: SILVER ZUCCARI NEW PORT
RICHEY, LLC

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Kimberly Moret - EXT. 2949

EXAMINER'S INITIALS: _____

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Silver Zuccari New Port Richey, LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:

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

Principal Office Address:

1001 East Telecom Drive

Boca Raton, Florida 33431

Mailing Address:

1001 East Telecom Drive

Boca Raton, Florida 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:

Corporation Service Company

Name

1201 Hays Street

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

Tallahassee

FL 32301

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 position as registered agent as provided for in Chapter 608, F.S..

Corporation Service Company

By:

Registered Agent's Signature (REQUIRED)

Kimberly B. Morel
as its agent

(CONTINUED)

Page 1 of 2

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

"MGRM" = Managing Member

Boca Raton, Florida 33431

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