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(Re	questor's Name)	
(Ad	ldress)	
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TO ACIMBETURE OF FILING

DIVISION OF STATE OF

B. KOHR

JAN 2 6 2010

EXAMINER

FILED FILED STATE CORPORATION OF CORPORATION



ACCOUNT NO. : I2000000195

REFERENCE: 262604

AUTHORIZATION CANCEL

COST LIMIT : \$ 155.00

CODI		 т	
 	 -	 -	

ORDER DATE: January 26, 2010

ORDER TIME : 10:19 AM

ORDER NO. : 262604-005

CUSTOMER NO: 7527475

DOMESTIC FILING

NAME: 8905 COURTHOUSE ROAD, LLC

<u>~~</u>	ARIICHE	10 CI	ORGANIZA	41 TO:	LN		
PLEASE	RETURN	THE	FOLLOWING	3 AS	PROOF	OF	FILING:
XX	CERTIE	FIED	COPY				
CONTACT	PERSON	J: 1	Kimberly D	More	t - EX'	r. 2	2949

EXAMINER'S INITIALS:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY.

ARTICLE I - Name:					
The name of the Limited I	ability Company is:	reviation "LLC," or "L.C.,")			
		五			
8905 Courthouse Road, LLC					
(Must end with the words "Limited	Liability Company, "Limited Company" or their abb	reviation "LLC," or "L.C.,")			
ARTICLE II - Address:		3			
	eet address of the principal office of the	Limited Liability Company			
J	1 4				
Principal Office Address	Mailing Address	<u>s:</u>			
1001 East Telecom Drive	1001 East Telecom	Drive			
Boca Raton, Florida 33431	Boca Raton, Florid	a 33431			
	·				
	1				
business entity with an active Flor The name and the Florida s	not serve as its own Registered Agent. You must dead registration.) treet address of the registered agent are: tion Service Company				
Corpora	Name				
1201 Ha					
	Florida street address (P.O. Box NOT ad	cceptable)			
Tallahas	ee _{FL} 32301				
	City, State, and Zip				
liability company at the registered agent and agree statutes relating to the pr accept the obligations of	istered agent and to accept service of proplets designated in this certificate, I here to act in this capacity. I further agree to oper and complete performance of my during the position as registered agent as provintion Service Company	eby accept the appointment as comply with the provisions of all ties, and I am familiar with and			
R	gistered Agent's Signature (REQUIRED)				

(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" = Manager	Name and Address:
"MGRM" = Managing Member	
MGR	Silver Capital Advisors, LLC
	1001 East Telecom Drive
	Boca Raton, Florida 33431
	•
	
	•
(Use attachment if necessary)	
CLE V: Effective date, if other than t	he date of filing: (OPTIONAL)
	be specific and cannot be more than five business days prior
days after the date of filing.)	
REQUIRED SIGNATURE:	
REQUIRED SIGNATORE.	
	$\sim 1 ()()$

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

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

By: Jesse A. Holshouser, III, CFO, Authorized Representative

Typed or printed name of signee

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)