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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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D. BRUCE MAR 3 0 2010 **EXAMINER**

COVER LETTER

| TO: | Registration S Division of Co | | | | | |
|---------------------|--|---|--|--|---|----------|
| SUBJ | ECT: Weston | Hills Investors LLC | ted Liability Com | | | |
| | | Name of Limit | led Liability Com | any | | |
| The er | eclosed Articles o | f Organization and fee(s) are | submitted for filing | ng. | | |
| Please | return all corresp | ondence concerning this mat | ter to the followin | g: | | |
| | Lawrence J. I | Rothman | | | | |
| | | | Name of Person | | | |
| | Weston Hills | Investors LLC | , | | | |
| | | | Firm/Company | | | |
| | 2531 Golf Vie | w Dr. | | · | | |
| | | | Address | | 300 | <u>-</u> |
| | Weston, FL 3 | | 1.00 | | | TO HAR |
| | | | y/State and Zip Coo | le | Assa | N |
| | rothmla@yah | | | | m× | 9 7 |
| | | E-mail address: (to be used | ior luture annuai reț | ort notification) | <u></u> | 3 |
| For fur | ther information | concerning this matter, please | e call: | | 02 M | ₩ C |
| | | | | | 57 | 25 |
| Lawrence J. Rothman | | | _ at (| 5867367 | | |
| | Name | of Person | Area Cod | le & Daytime Telep | phone Number | |
| Enclos | sed is a check fo | or the following amount: | | | | |
| □\$125. | 5.00 Filing Fee 2\$130.00 Filing F Certificate of Sta | | S155.00 Filin Certified Co (additional cop | | \$160.00 Filing For Certificate of State Certified Copy (additional copy is expected) | tus & |
| | | Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Registrate Division Clifton I | Courier Address tion Section of Corporations Building ecutive Center C | | |

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| Weston Hills Investors | | | | |
|---|--|--|-------------------|--|
| (Must end wi | th the words "Limited | Liability Company, "L.L.C.," or "LLC.") | | |
| ARTICLE II - Address: The mailing address and s | treet address of th | ne principal office of the Limited Liability | y Company is: | |
| Principal Office Address: | | Mailing Address: | | |
| 2531 Golf View Dr. | | 2531 Golf View Dr. | | |
| Weston, FL 33327 | | | | |
| ARTICLE III - Registere (The Limited Liability Company or | annot serve as its own l | weston, FL 33327 ered Office, & Registered Agent's Sign Registered Agent. You must designate an individual or | ature: | |
| ARTICLE III - Registere (The Limited Liability Company of business entity with an active Flor The name and the Florida | annot serve as its own l rida registration.) | ered Office, & Registered Agent's Sign Registered Agent. You must designate an individual of | enother 10 MAR 29 | |
| ARTICLE III - Registere (The Limited Liability Company or business entity with an active Flor The name and the Florida | annot serve as its own inda registration.) street address of the contract of t | ered Office, & Registered Agent's Sign Registered Agent. You must designate an individual of | MAR 29 PM | |
| ARTICLE III - Registere (The Limited Liability Company or business entity with an active Florida The name and the Florida Lawre | annot serve as its own inda registration.) street address of the contract of t | ered Office, & Registered Agent's Sign Registered Agent. You must designate an individual of the registered agent are: | TO MAR 29 PM E | |
| ARTICLE III - Registere (The Limited Liability Company or business entity with an active Flor The name and the Florida Lawre | annot serve as its own rida registration.) street address of nce J. Rothman N Golf View Dr. | ered Office, & Registered Agent's Sign Registered Agent. You must designate an individual of the registered agent are: | TO MAR 29 PH IZ: | |
| ARTICLE III - Registere (The Limited Liability Company or business entity with an active Flor The name and the Florida Lawre | annot serve as its own rida registration.) street address of nce J. Rothman N Golf View Dr. | ered Office, & Registered Agent's Sign Registered Agent. You must designate an individual of the registered agent are: | TO MAR 29 PM E | |

egisterea agent ana 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' 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:

| Title: | | Name and Address: |
|---|--|---|
| "MGR" = ! "MGRM" = | Manager = Managing Member | |
| MGR | _ | Lawrence J. Rothman |
| | | 2531 Golf View Dr. |
| | | Weston, FL 33327 |
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| | | |
| (Use attach | ment if necessary) | |
| · | • • | COLUMN April 1 2010 (OPTIONAL) |
| ARTICLE V: Effe Of an effective date | ective date, if other than the d | ate of filing: April 1, 2010 (OPTIONAL) specific and cannot be more than five business days prior |
| to or 90 days after | | specific and endings be more than 11,0 because any pro- |
| | | |
| REQUIRE | ED SIGNATURE: | |
| | | (LA) |
| | | たしまるで |
| | Signature of a member | or an authorized representative of a member. |
| | (In accordance with section of this document constituted that the facts stated hereign.) | on 608.408(3), Florida Statutes, the execution ttes an affirmation under the penalties of perjury |
| | Lawrence J. Rothman | 25 |
| | | ed 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)