## L1000037952

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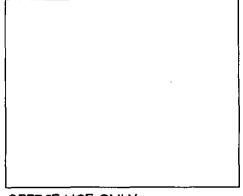
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**EXAMINER** 

FLORIDA RESEARCH & FILING SERVICES, INC. 1211 CIRCLE DRIVE TALLAHASSEE, FL 32301 PHONE (850)656-6446



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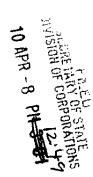
WALK-IN

ENTITY NAME:

EL-ON JV(1830) LLC

CK# 4521

FOR \$155.00



PLEASE FILE THE ATTACHED ARTICLES & RETURN THE FOLLOWING:

XXX CERTIFIED COPY

\_\_\_ STAMPED COPY

\_\_\_ CERTIFICATE OF STATUS

Examiner's Initials

## ARTICLES OF ORGANIZATION OF

## EL-ON JV (1830) LLC

In compliance with Chapter 608 of the Florida Limited
Liability Company Act



ARTICLE I: - Name

The name of the Limited Liability Company is EL-ON JV (1830) LLC

ARTICLE II: - Address

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

1301 International Parkway Suite 200 Sunrise, Florida 33323

ARTICLE III: - Registered Agent, Registered Office, & Registered Agent's Signature The name and the Florida street address of the registered agent are:

NRAI Services, Inc. 2731 Executive Park Drive Suite 4 Weston, Florida 33331

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.

NRAI Services, Inc.

By:\_\_\_ Name:

Title:

-CCT CDC

## ARTICLE IV: - Management

☑ The Limited Liability Company is to be managed by one Member or more Members and is, therefore, a member - managed company.

Daniel Jacobson, Authorized Signer

(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.)

Daniel Jacobson

Typed or printed name of signee