

L100000040079

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

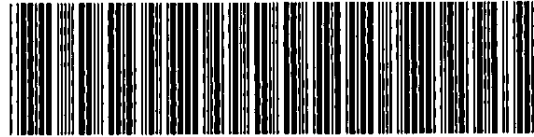
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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10 APR 14 AM 11:43

REGISTRATION & STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

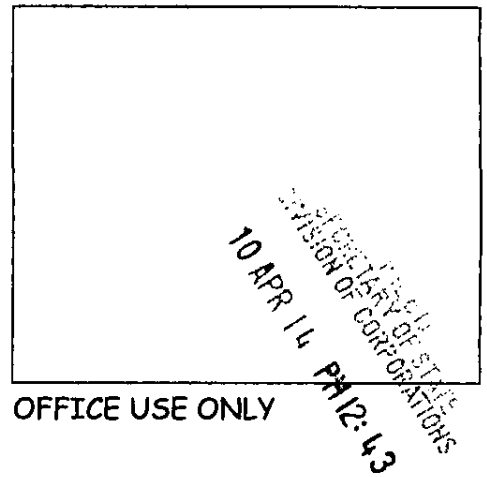
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B. KOHR

APR 14 2010

EXAMINER

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



WALK-IN

ENTITY NAME:

EL-AD KESWICK MANAGEMENT, LLC

CK# 4543 FOR \$370.00 (\$185.00 for this filing)

PLEASE FILE THE ATTACHED ARTICLES & RETURN THE FOLLOWING:

(( 2 )) CERTIFIED COPY

\_\_\_ STAMPED COPY

\_\_\_ CERTIFICATE OF STATUS

Examiner's Initials

**ARTICLES OF ORGANIZATION  
OF  
EL-AD KESWICK MANAGEMENT LLC**  
In compliance with Chapter 608 of the Florida Limited  
Liability Company Act

FILED  
DIVISION OF CORPORATIONS  
10 APR 14 PM 12:43

**ARTICLE I: - Name**

The name of the Limited Liability Company is **EL-AD KESWICK MANAGEMENT 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.*

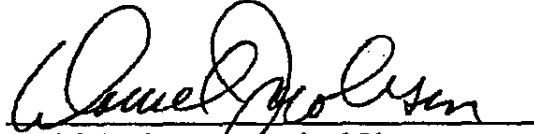
NRAI Services, Inc.

By: 

Name: **Peter F. Souza**  
Title: **Assistant Secretary**

**ARTICLE IV: - Management**

☒ The Limited Liability Company is to be managed by a single Member 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