

L100000066814

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

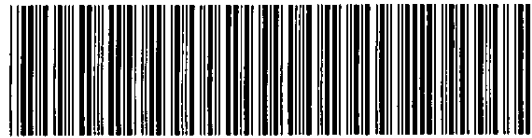
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900182085219

RECEIVED

10 JUN 23 PM 12:40

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 JUN 23 PM 1:08

B. KOHR

JUN 23 2010

EXAMINER

FLORIDA FILING & SEARCH SERVICES, INC.

**P.O. BOX 10662 TALLAHASSEE, FL 32302
155 Office Plaza Dr Ste A Tallahassee FL 32301
PHONE: (800) 435-9371; FAX: (866) 860-8395**

DATE: 06-23-10

NAME: 4819 OKARA RD LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 JUN 23 PM 1:08

TYPE OF FILING: ARTICLES OF ORGANIZATION

COST: \$155

RETURN: CERTIFIED COPY

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

Abbie Hodge

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 JUN 23 PM 1:08

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

4819 Okara Rd. LLC

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

ARTICLE II - Address:

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

Principal Office Address:

c/o Wolf Haldenstein Adler Freeman & Herz LLP
270 Madison Avenue, 9th Floor
New York, NY 10016

Mailing Address:

c/o Wolf Haldenstein Adler Freeman & Herz LLP
270 Madison Avenue, 9th Floor
New York, NY 10016

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:

CAPITOL CORPORATE SERVICES, INC.

Name

155 OFFICE PLZ DR STE A

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..

Bartlett R. Kaulfus, Asst. Sec.
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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

"MGRM" = Managing Member

New York, NY 10017

270 Madison Ave, 9 FL, New York, NY 10016

ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Typed or printed name of signee

Page 2 of 2