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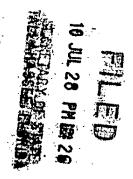
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| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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EXAMINER

COVER LETTER

| †O: | Registration S Division of Co | | | | | , | | |
|-------------------|----------------------------------|---|-------------------------------|--|---|---------------------|----------|-----|
| SUBJI | ECT: EGI M | aintenance, LLC Name of Limit | ed Liability C | ompany | | | | |
| | | | | | | | | |
| The en | closed Articles o | of Organization and fee(s) are | submitted for | filing. | | | | |
| Please | return all corres | pondence concerning this mat | ter to the follo | wing: | | | | |
| | Robert Ruth | nemeyer | | - | | | | |
| | | | Name of Perso | n | | | | |
| | EGI Mainte | nance, LLC | | | | | | |
| | | | Firm/Compan | y | | | | |
| | 4100 N Hills | Drive | | | | | | |
| | | | Address | | | | ≅ | ٠, |
| | Hollywood, | Florida 33021 | | | | | | • |
| | • | Cit | y/State and Zip | Code | | 93 | 20 | ľ |
| | BRuthemey | er@TheClubAtEmeral | | | | | - | - E |
| | | E-mail address: (to be used it | for future annua | l report notification | n) | | <u> </u> | |
| For fur | ther information | concerning this matter, please | e call: | | | | 26 | - |
| Robert Ruthemeyer | | | _ at (_954 | 961 40 | | | | |
| | Name | of Person | Area | Code & Daytime 1 | Telephone Numbe | r | | |
| Enclos | sed is a check for | or the following amount: | | | | | | |
| ⊒ \$125. | 00 Filing Fee | □\$130.00 Filing Fee & Certificate of Status | Certified | Filing Fee & l Copy l copy is enclosed) | \$160.00 F Certificate Certified (additional) | e of Status Copy | & | |
| | | Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Regi Divi Clift 2661 | et/Courier Addrostration Section sion of Corporation Building Executive Center shassee, FL 3230 | ons er Circle | | | |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company is: | | | | | | |
|--|---|--|--|--|--|--|
| EGI Maintenance, 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: | Mailing Address: | | | | | |
| 2900 N 40th Ave Hollywood, Fforida 33021 | 4100 N Hills Drive Hollywood, Florida 33021 | | | | | |
| 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: | | | | | | |
| Michael Feinberg | | | | | | |
| Name 4100 N Hills Drive Florida street address (P.O. Box NOT acceptable) | | | | | | |
| Hollywood, Florida 33021 | | | | | | |
| | ate, 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 | | | | | | |

(CONTINUED)

Registered Agent's Signature (REQUIRED)

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" = Manag "MGRM" = Man | | | | | | |
| | | - G G | | | | | |
| | MGRM | | Michael Feinberg | | | | |
| | | | 4100 N Hills Drive | | | | |
| | | | Hollywood, Florida 33021 | | | | |
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| | (Use attachment | if necessary) | | | | | |
| | | | ate of filing: (OPTIONAL) | | | | |
| • | | • | pecific and cannot be more than five business days prior | | | | |
| to or 9 | 0 days after the da | te of filing.) | * | | | | |
| | | | | | | | |
| | REQUIRED SIG | ENATURE: | | | | | |
| | REQUIRED SIGNATURE: | | | | | | |
| | | - 4 | , | | | | |
| Ja Marie Carlos | | | | | | | |
| | 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 perjutation that the facts stated herein are true.) | | | | | | |
| | | | | | | | |
| | | Michael Feinberg Typed | d 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)