Division of Corporations Electronic Filing Cover Sheet

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(((H10000174227 3)))



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To:

L. SELLERS

Division of Corporations
Fax Number : (850) 617-6383

AUG -8 2010

Account Name : C T CORPORATION SYSTEM EXAMINER

Account Number : FCA000000023

from:

Phone

: (850)222-1092

Fax Number

: (850)878-5368

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

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FLORIDA LIMITED LIABILITY CO.

Landmark South, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

COVER LETTER

	on section of Corporations			
SUBJECT:	Exect: Landmark South, LLC			
	Name of Limi	ted Lisbility Company		
The enclosed Artic	les of Organization and fee(s) are	submitted for filing.		
Please return all co	rrespondence concerning this ma	tter to the following:		
	Suzann	e M. Irwin, Paralegal		
		Name of Person		
	Flast	er/Greenberg P.C.		
		Firm/Company		
	1810 Chapel Ave	nue West, Commerce Center		
		Address		
	Cherry Hill	New Jersey 08002		
		ty/State and Zip Code		
,	SUZANNO.IFW E-mail address: (to be used	in@flastergreenberg.com for figure samual report actification)		
For further informa	tion concerning this matter, pleas	ट दर्बा:		
	M. Irwin, Paralegal	at (856) 382-2251 Area Code & Daytime Telephone Number		
Enclosed is a chec	ck for the following amount:	,		
_\$125,00 Filing P	ce S130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$\ \times \text{S150.00 Filing Fee}.\$\$ Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)		
·	Mailles Address Registration Section Division of Corporations P.O. Box 6327 Tallahassoc, PL 32314	Street/Coarier Address Registration Section Division of Corporations Clifton Building 2561 Executive Center Circle Tellahassee, PL 32301		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	<u> </u>		
The name of the Limited Liability Compa	any is:		
l as desaid	Lower 110		
	k South, LLC rd 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:		
500 West 84th Street	Unit 102C, 2006 Elmwood Avenue		
Hisleah, FL 33014	Sharon Hill, PA 19079		
ARTICLE III - Registered Agent, Registered Limited Liability Company cannot serve as its own business entity with an active Florida registration.)	stered Office, & Registered Agent's Signature: n Registered Agent. You must designate an individual or another		
The name and the Florida street address o	f the registered agent are:		
CT Con	poration System		
	Name		
1200 South Pine Island Road			
Plorida street addres	s (P.O. Box NOT acceptable)		
Plantetion, 333.	24 FL		
Chy, s	State, and Zip		
Howing has somed as undersued count of	and to amount emerica of auroses for the chose scated limited		

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.

Rogiste of Agent's Signature (REQUIRED)

MARGARET E. ROUTZAHN
Special Assistant Secretary (CONTINUED)

SECRETARY OF STATE

Pres Lor2

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager of Managing Member is as follows: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGR Rinaldo J. Pierangeli Unit 102C, 2006 Elmwood Avenue Sharon Hill PA 19079 (Use attachment if necessary) 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.) REQUIRED SIGNATUR Signature of a member or an atheorized 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 perjury that the facts stated herein are true.) Markley S. Roderick, Esq., Authorized Representative Typed or printed name of signee

Filing Feer:

\$125,00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30,00 Certified Copy (Optional)

3 5.00 Certificate of Status (Optional)

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