# L1000111187

(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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SECRETARY OF STATE

### CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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Parkland Whistler 00	01, L.L.C.				
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	<u> </u>				
				Art of Inc. File	
	<del></del>			LTD Partnership File	
				Foreign Corp. File	
			1	L.C. File	
				Fictitious Name File	
				Trade/Service Mark	
				Merger File	
				Art. of Amend. File	
	,			RA Resignation	
				Dissolution / Withdrawal	_
			<u> </u>	Annual Report / Reinstatement	
				Cert. Copy	
			<u> </u>	Photo Copy	
				Certificate of Good Standing	
				Certificate of Status	
				Certificate of Fictitious Name	
			<u> </u>	Corp Record Search	
				Officer Search	
				Fictitious Search	
Signature				Fictitious Owner Search	_
				Vehicle Search	
				Driving Record	
Requested by: SETH	10/25/10	3:00		UCC 1 or 3 File	
Name	Date	Time		UCC 11 Search	
Walk-In	Will Pick Up			UCC 11 Retrieval	
14 MTV_TII	**************************************		•	COULTEL	

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

# Parkland Whistler 001, L.L.C. (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:
1751 NW 66th Avenue, Plantation, FL 33313	1751 NW 66th Avenue, Plantation, FL 33313
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regis business entity with an active Florida registration.)	I Office, & Registered Agent's Signature: tered Agent. You must designate an individual or another
The name and the Florida street address of the	ogistored agent are:
Arvinder Name	Bajaj
1751 NW 66	6th Avenue
Florida street add	dress (P.O. Box NOT acceptable)
Plantation	, <sub>FL</sub> 33 <del>3</del> 13 -
	ate, and Zip
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete pe	accept service of process for the above stated limited hts certificate, I hereby accept the appointment as y. I further agree to comply with the provisions of all rformance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S

(CONTINUED)

Page 1 of 2

## The name and address of each Manager or Managing Member is as follows: Name and Address: "MGR" = Manager "MGRM" = Managing Member "MGRM" Arvinder Bajaj 1751 NW 66th Avenue Plantation, Fl 33313 (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 SIGNATURE: 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 perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.) Arvinder Bajai Typed or printed name of signce

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

ARTICLE IV- Manager(s) or Managing Member(s):

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)