## L10000111188

(R	Requestor's Name)	
(A	address)	
(A	ddress)	
(C	City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(E	Business Entity Name)	<del></del>
(C	Occument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	o Filing Officer:	

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SUFFICIENCY OF FILING

DEPARTMENT OF STATE DIVISION OF CORPORATIONS

B. KOHR
OCT 2 6 2010

**EXAMINER** 

10 OCT 25 PH 1: SS

SECRETARY OF STATES

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

Parkland Whiatlan 000		· · · · · · · · · · · · · · · · · · ·	7	
Parkland Whistler 002	<u>, L.L.C.</u>		-	
	<u>-</u>			
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<del></del>				
		<u></u> <del>.</del>	-	
			] —	Art of Inc. File
				LTD Partnership File
				Foreign Corp. File
			✓	L.C. File
				Fictitious Name File
				Trade/Service Mark
				Merger File
		•		Art. of Amend. File
				RA Resignation
				Dissolution / Withdrawal
				Annual Report / Reinstatement
				Cert. Copy
			<u>✓</u>	Photo Copy
			<u> </u>	Certificate of Good Standing
				Certificate of Status
				Certificate of Fictitious Name
				Corp Record Search
		-		Officer Search
				Fictitious Search
Signature				Fictitious Owner Search
- 12				Vehicle Search
				Driving Record
Requested by: SETH	10/25/10	3:00		UCC 1 or 3 File
Name	Date	Time		UCC 11 Search
Hallie	Date	IIIIC		UCC 11 Retrieval
Walk-In	Will Pick Up			Courier

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company i	s: /histier 002, L.L.C.
Parkland W	/histler 002, L.L.C.
(Must end with the words "Limited Lia	bility 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 Regions entity with an active Florida registration.)  The name and the Florida street address of the	sistered Agent. You must designate an individual or another
	er Bajaj
Nam	
1751 NW 6	6th Avenue
Florida street a	ddress (P.O. Box <u>NOT</u> acceptable)
Plantatio	n, <sub>FL</sub> 33313
	State, and Zip
liability company at the place designated in registered agent and agree to act in this capac	o accept service of process for the above stated limited this certificate, I hereby accept the appointment as ity <del>. I further agree to comply with the prov</del> isions of all— performance of my duties, and I am familiar with and

Registered Agent's Signature (REQUIRED)

accept the obligations of my position a registered agent as provided for in Chapter 608, F.S..

(CONTINUED)

Page 1 of 2

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM"	Arvinder Bajaj
	1751 NW 66th Avenue
	Plantation, FL 33313
LE V: Effective date, if other than the c	date of filing: (OPTIO
ective date is listed, the date must be days after the date of filing.)	date of filing: (OPTIO specific and cannot be more than five business
ective date is listed, the date must be days after the date of filing.)	date of filing: (OPTIO specific and cannot be more than five business of
ective date is listed, the date must be days after the date of filing.)  REQUIRED SIGNATURE:	date of filing: (OPTIO specific and cannot be more than five business of an authorized representative of a member.
REQUIRED SIGNATURE:  Signature of a member  (In accordance with section 608.4 constitutes an affirmation under I am aware that any false information.	specific and cannot be more than five business
REQUIRED SIGNATURE:  Signature of a member  (In accordance with section 608.4 constitutes an affirmation under I am aware that any false information to the days after the constitutes are affirmation of the constitutes are affirmation under the constitutes are affirmation of the constitutes are affirmation and constitutes are affir	or an authorized representative of a member.  408(3), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true.
REQUIRED SIGNATURE:  Signature of a member  (In accordance with section 608, constitutes an affirmation under I am aware that any false information constitutes a third degree felony	or an authorized representative of a member.  408(3), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true, alion submitted in a document to the Department of State as provided for in s.817.155, F.S.)
REQUIRED SIGNATURE:  Signature of a member  (In accordance with section 608.constitutes an affirmation under I am aware that any false information constitutes a third degree felony	or an authorized representative of a member.  108(3), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true alion submitted in a document to the Department of State as provided for in s.817.155, F.S.)  Arvinder Bajaj
Signature of a member  (In accordance with section 608.constitutes an affirmation under I am aware that any false informationstitutes a third degree felony.  Filling Fees;  \$125.00 Filling Fee for Articles of Organ	or an authorized representative of a member.  408(3), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true ation submitted in a document to the Department of State as provided for in s.817.155, F.S.)  Arvinder Bajaj  ed or printed name of signee
Signature of a member  (In accordance with section 608, constitutes an affirmation under I am aware that any false informationstitutes a third degree felony.  Filling Fees;	or an authorized representative of a member.  408(3), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true ation submitted in a document to the Department of State as provided for in s.817.155, F.S.)  Arvinder Bajaj  ed or printed name of signee

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