

L10000118649

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H10000247153 3)))



H100002471533ABCX

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : BETH E. LINZNER, P.A.
Account Number : I20030000140
Phone : (561) 999-9300
Fax Number : (561) 892-7920

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

Email Address: Rshapies@masd-ex.net

FLORIDA LIMITED LIABILITY CO.

Flagler Town Center LLC

| | |
|-----------------------|----------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 01 |
| Estimated Charge | \$125.00 |

RECEIVED

10 NOV 15 AM 6:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDASECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 NOV 15 AM 8:01

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

J. BRYAN

NOV 15 2010

Fax Audit #: H10000247153 3

**ARTICLES OF ORGANIZATION
FOR
FLAGLER TOWN CENTER LLC**

ARTICLE I - NAME

The name of the limited liability company is: FLAGLER TOWN CENTER LLC.

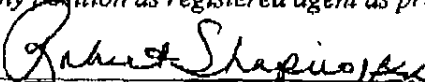
ARTICLE II - ADDRESS


The mailing address and street address of the principal office of the limited liability company is:
3750 Yacht Club Drive, Aventura, Florida 33180.

ARTICLE III- REGISTERED AGENT

The name and the Florida street address of the registered agent is Robert Shapiro, 3750 Yacht Club Drive, Aventura, Florida 33180.

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.


Robert Shapiro, Registered Agent


Robert Shapiro, Authorized Representative

(In accordance with section 608.403(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true).

Fax Audit #: H10000247153 3

FILED
10 NOV 15 AM 8:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA