

L10000123120

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

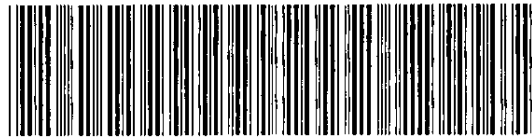
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300188187213

RECEIVED  
10 NOV 30 AM 11:27  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

G1090027819

B. KOHR

DEC - 1 2010

EXAMINER

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 NOV 30 PM 2:40

**FLORIDA FILING & SEARCH SERVICES, INC.**  
P.O. BOX 10662 TALLAHASSEE, FL 32302  
155 Office Plaza Dr Ste A Tallahassee FL 32301  
PHONE: (800) 435-9371; FAX: (866) 860-8395

---

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 NOV 30 PM 2:40

**DATE:** 11-30-2010

**NAME:** 4601 SHERIDAN LLC

**TYPE OF FILING:** ARTICLES OF ORGANIZATION

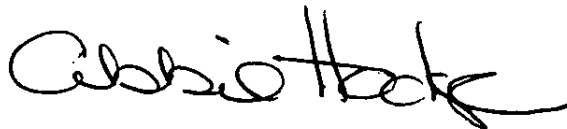
**COST:** \$155

**RETURN:** CERTIFIED COPY

---

**ACCOUNT:** FCA000000015

**AUTHORIZATION:** ABBIE/PAUL HODGE



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 NOV 20 10 2:40 PM

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

4601 SHERIDAN, 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:**

6820 Lyons Technology Circle  
Suite 100  
Coconut Creek, FL 33073

**Mailing Address:**

6820 Lyons Technology Circle  
Suite 100  
Coconut Creek, FL 33073

**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:

NRAI Services, Inc.  
Name

2731 Executive Park Drive, Suite 4  
Florida street address (P.O. Box **NOT** acceptable)

Weston FL 33331  
City, State, 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.*

NRAI Services, Inc.  
By: Mary Paris  
Registered Agent's Signature (REQUIRED)

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

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

Malcolm Butters

6820 Lyons Technology Circle, Suite 100

Coconut Creek, FL 33073

MGR

Leon Wildstein

6820 Lyons Technology Circle, Suite 100

Coconut Creek, FL 33073

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(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.)

Moshe M. Lehrfield, Authorized Representative

\_\_\_\_\_  
Typed 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)**