

L1U0U0U130239

(Requestor's Name)

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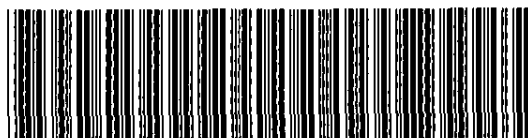
(Business Entity Name)

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

B. KOHR

DEC 22 2010

EXAMINER

FILED
10 DEC 21 AM 9:45
SECRETARY OF STATE
DIVISION OF CORPORATIONS

CORPDIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

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DIVISION OF CORPORATIONS
10 DEC 21 AM 9:45

CONTACT: KATIE WONSCH

DATE: 12/21/2010

REF. #: 000176.138688

CORP. NAME: LAS OLAS FUND X, LLC

- | | | |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input type="checkbox"/> OTHER: | | |

STATE FEES PREPAID WITH CHECK# 537828 FOR \$ 160.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ **COST LIMIT: \$** _____

PLEASE RETURN:

- | | | |
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| <input checked="" type="checkbox"/> CERTIFIED COPY | <input checked="" type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

**ARTICLES OF ORGANIZATION
OF
LAS OLAS FUND X, LLC
(a Florida limited liability company)**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 DEC 21 AM 9:45

Pursuant to Florida Statutes §608.407, the undersigned hereby submits the following Articles of Organization of **LAS OLAS FUND X, LLC** for the purpose of forming a limited liability company under the laws of the State of Florida.

ARTICLE I.

Name

The name of the Limited Liability Company is "**LAS OLAS FUND X, LLC**" (the "**Company**").

ARTICLE II.

Principal Office

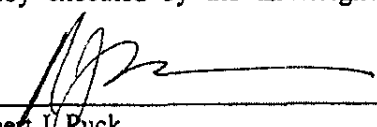
The mailing address and street address of the principal office of the Company is: 401 East Las Olas Blvd, Suite 2200, Fort Lauderdale, FL 33301.

ARTICLE III.

Registered Agent

The name of the initial registered agent of the Company is **Robert J. Puck**, and the street address of the Company's initial registered agent is 401 East Las Olas Blvd, Suite 2200, Fort Lauderdale, FL 33301.

These Articles of Organization are hereby executed by the undersigned Authorized Representative of the Company.



Robert J. Puck
Authorized Representative

Acceptance of Appointment of Registered Agent

Robert J. Puck, having been named the Registered Agent of LAS OLAS FUND X, LLC, hereby accepts such designation and is familiar with, and accepts, the obligations of such position, as provided in Chapter 608 of Florida Statutes.



Robert J. Puck

Date: December 21, 2010
