

L110000020579

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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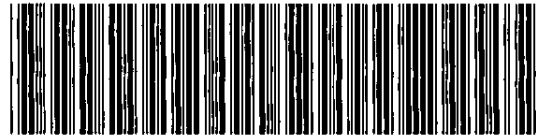
(Business Entity Name)

(Document Number)

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

B. KOHR

FEB 17 2011

EXAMINER

FILED

SECRETARY OF STATE
DIVISION OF CORPORATIONS

11 FEB 17 PM 1:05



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 678679 4305038

AUTHORIZATION :

COST LIMIT : \$ 125.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 FEB 17 PM 1:05

ORDER DATE : February 17, 2011

ORDER TIME : 9:17 AM

ORDER NO. : 678679-005

CUSTOMER NO: 4305038

DOMESTIC FILING

NAME: OSPREY CRE ASSET MANAGEMENT,
LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Doreen Wallace - EXT. 2928

EXAMINER'S INITIALS: _____

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

Osprey CRE Asset Management, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

600 Fifth Avenue South
Suite 210
Naples, FL 34102

Mailing Address:

600 Fifth Avenue South
Suite 210
Naples, FL 34102

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

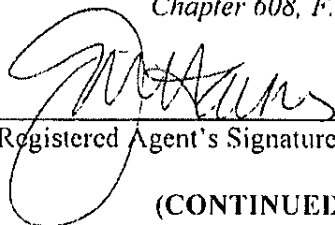
The name and the Florida street address of the registered agent are:

Josephine M. Haines
Name

600 Fifth Avenue South, Suite 210
Florida street address (P.O. Box **NOT** acceptable)

Naples, FL 34102
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.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

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

Title:

Name and Address:


"MGR" = Manager

"MGRM" = Managing Member

MGRM

Wasmer, Schroeder & Company, Inc.
600 Fifth Avenue South
Suite 210
Naples, FL 34102

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.)

Martin M. Wasmer
Typed or printed name of signee