Division of Corporations Electronic Filing Cover Sheet

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(((H110000627363)))



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Ta:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : FILINGS, INC. Account Number : 072720000101 Phone : (850) 385-6735

Fax Number

: (954)641~4192

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

Rmail	Address	:	
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FLORIDA LIMITED LIABILITY CO. RKLAND DENTON GENERAL PARTNER MANAGER, LLC

- Constitution of the Cons

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

K. BALY EXAMINER MAR 10 2011

Electronic Filing Menu

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:					
PARKLAND	DENTON	CENERAL	PARTNER	MANAGER,	LLC

ARTICLE II - Address:

Principal Office Address:

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

Mailing Address:

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

		<del></del>	
8000 North Fed Suite 110	oral Wighway	8000 North Federal Hig Suits 110	hway _
Boca Raton, FL	33487	Roca Raton, FL 33487	
(The Limited Liability C business entity with an	Inmpuny cannot serve as its own active Florida registration.)	stered Office, & Registered Agent?:  n Registered Agent. You must designate an indiv  f the registered agent are:	s Signature: idual or another
	Vincent J. Altin	to, Forman & Altino, P. A.	
		Name	7
	2101 W. Commerci	al Blvd., #2800	SS.

Fort Lauderdale FL 33309
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 fumiliar with and accept the obligations of my-position as registered agent as provided for in Chapter 608, F.S.

Plorida street address (P.O. Box NOT acceptable)

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:

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGRM	Rarold L. Tomlinson
	8000 North Federal Highway
	Suite 110
	Boca Raton, FL 33487
and the same of th	
(1) to a object the same life and a sure of the same o	
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than t (If an effective date is listed, the date must to or 90 days after the date of filing.)	he date of filing: (OPTIONAL)  t be specific and caunot be more than five business days prior
REQUIRED SIGNATURE:	
	incent a attino

(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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in 1.817.155, F.S.)

Signature of a member or an authorized representative of a member.

Vincent J. Altino Authorized Representative of Member
Typed or printed name of signer

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation
of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- 5 5.00 Certificate of Status (Options))

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