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(Requ	uestor's Name)	
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(City/	State/Zip/Phone #)	
PICK-UP	WAIT [MAIL
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Certified Copies	Certificates of St	atus
Special Instructions to Fi	ling Officer:	
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COVER LETTER

	ation Section n of Corporations
SUBJECT:	Broward Apartments S.F. CCC Name of Limited Liability Company
	Name of Limited Liability Company
The enclosed Ar	ticles of Organization and fee(s) are submitted for filing.
Please return all	correspondence concerning this matter to the following:
	Chris Murphy Name of Person
	Tunio of Foldin
	Asset Management Partners S.E. CCC (Birm/Company)
	(B/rm/Company
	Mares Company 1101 Waverly Road Address
	Address Fort Canderdale, FC 333/2 City/State and Zip Code CMUrphy @ asset mg mt partners.com E-mail address: (to be used for future annual peport notification)
	City/State and Zip Code
	CMUrphy @ assetment partners.com
<u></u>	E-mail address: (to be used for future annual peport notification)
For further infor	nation concerning this matter, please call:
Chi	ris Murphy at (301) 213-9692 Name of Person Area Code & Daytime Telephone Number
	Name of Person Area Code & Daytime Telephone Number
Enclosed is a cl	neck for the following amount:
\$125.00 Filing F	ee \$\int \\$130.00 \text{ Filing Fee & Certificate of Status}\$ Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:
Broward Apartments S.E. CCC (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: Mailing Address:
1101 Waverly Road
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: Osset Management Partners 5, E, CC Normal Name 100 Normal
Name
1101 Wavely load Florida street address (P.O. Box NOT acceptable)
Et. Candendale FL 333/2 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
Andread Anarthe Constitute (PCOLIDED)

Page 1 of 2

(CONTINUED)

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 **Chrisfopher Marphy **ror Wavely Coad** **Pt. Caudedale, FC 333/2* (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: (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. 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 s.817.155, F.S.)

hristopher Murphy

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)