

From:

Division of Corporations

L11000087175

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H11000191403 3)))



H110001914033AECU

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.  
Doing so will generate another cover sheet.

L. SELLERS

JUL 29 2011

EXAMINER

To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : CASEY CIKLIN LUBITZ MARTENS & O'CONNELL  
Account Number : 076376001447  
Phone : (561) 832-5900  
Fax Number : (561) 833-4209

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

Email Address: \_\_\_\_\_

FLORIDA LIMITED LIABILITY CO.  
1016 CLARE AVENUE, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

RECEIVED

11 JUL 28 AM 10:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11 JUL 28 AM 10:07

FILE

Electronic Filing Menu

Corporate Filing Menu

Help

From:

To: T202\*18506176383

07/28/2011 10:00

#388.P.002/003

((H11000191403 3)))

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

1016 Clare Avenue, 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:

13205 U.S. Highway One

Suite 301

Juno Beach, Florida 33408

#### Mailing Address:

13205 U.S. Highway One

Suite 301

Juno Beach, Florida 33408

### 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:

Alan J. Ciklin

Name

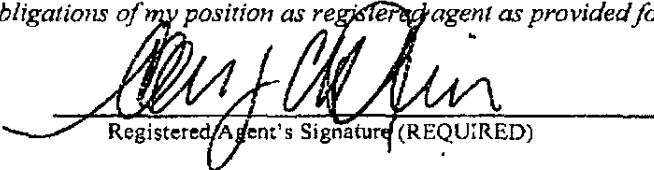
515 North Flagler Drive, 20th Floor

Florida street address (P.O. Box **NOT** acceptable)

West Palm Beach FL 33401

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)

Page 1 of 2

((H11000191403 3)))

**FILED**  
11 JUL 28 AM 10:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

From:

To: T202\*18506176383

07/28/2011 10:00

#388 P.003/003

((H11000191403 3)))

**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

Victor Hernandez, III

13205 U.S. Highway One, Suite 301

Juno Beach, Florida 33408

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

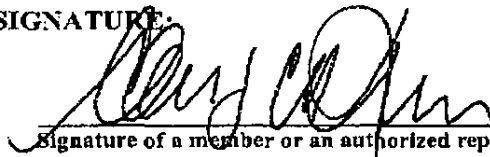
\_\_\_\_\_

(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. 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.)

Alan J. Ciklin

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)**

Page 2 of 2

((H11000191403 3)))