

**L11000140508**

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : CSH SERVICES, LLC  
Account Number : I20070000160  
Phone : (800) 494-3124  
Fax Number : (561) 455-9885

**\*\*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.  
TROPIROCK PLAZA LLC**

Certificate of Status	0
Certified Copy	0
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**D. BRUCE**

DEC 15 2011

**EXAMINER**

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

In compliance with Chapter 608, F.S.

**ARTICLE I NAME**

The name of the Limited Liability Company is:

TROPIROCK PLAZA LLC

**ARTICLE II ADDRESS**

The principal office of the Limited Liability Company is:

2900 BELMAR STREET  
FORT LAUDERDALE, FLORIDA 33304

The mailing address of the Limited Liability Company is:

500 E BROWARD BOULEVARD, STE 1620  
FORT LAUDERDALE, FLORIDA 33394

**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE &  
REGISTERED AGENT SIGNATURE**

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

KAREN JOHNSON  
500 E BROWARD BOULEVARD, STE 1620  
FORT LAUDERDALE, FLORIDA 33394

Having been named as registered agent 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.

X   
KAREN JOHNSON - Registered Agent's signature

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**ARTICLE IV MANAGEMENT**

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

**ARTICLE V MEMBERS (optional)**

MANAGING MEMBER

PAR SANDA

500 E BROWARD BOULEVARD, STE 1620

FORT LAUDERDALE, FLORIDA 33394

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TALLAHASSEE, FLORIDA

X



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.

PAR SANDA

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