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.

Electronic Filing Cover Sheet

(((H11000301660 3)))



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

To:

Division of Corporations

Fax Number

: (850) 817-8393

From:

Account Name

: AKERMAN SENTERFITT - BOCA RATON

Account Number : 120100000049

(561) 368-2151

Phone Fax Number

: (561)368-4668

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

FLORIDA LIMITED LIABILITY CO.

713 Park Place, LLC

Certificate of Status	0
Certified Copy	11
Page Count	02
Estimated Charge	\$155.00

C. LEWIS

DEC 2 8 2011

EXAMINER

Electronic Filing Menu

Corporate Filing Menu

Help

H110003016603

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
713 Park Place, LLC	
(Must end with the words "Limited Liability Company, "L.L.C.," or "L1.C.")	
ARTICLE II - Address:	
The mailing address and street address of the principal office of the Limited Liability Company	y is:

Principal Office Address:	Malling Address:
2891 Long Meadow Drive	2891 Long Meadow Drive Wellington, FL 33414
Wellington, FL 33414	Wellington, FL 33414

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate on individual of another business entity with an active Florida registration.) The name and the Florida street address of the registered agent are: Lawrence Sosnow

> 2891 Long Meadow Drive Florida street address (P.O. Box NOT acceptable) FL 33414 City, State, and Zip Wellington

Name

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

P.03/03

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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:

SECRETARY OF STATE
TALLAHASSEE.FLORIDA

Name and Address:
Sosnow Holdings, LLC 2891 Long Meadow Drive Wellington, FL 33414

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: December 30, 2011 (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.)

LAWRENCE SOLNOW

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

H110003016603