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DEC 27 2011 13:37 FR AKERMAN SENTERFITT 561368468 TO 928506176383 01/03
Division of Corporations

EFFECTIVE DATE
12-30-2011

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

From:
Account Name : AKERMAN SENTERFITT - PALM BEACH
Account Number : I20100000048
Phone : (561) 659-8660 (561) 862-4832
Fax Number : (561) 659-8679 (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.

Email Address: Kera.draetta@akerman.com

FLORIDA LIMITED LIABILITY CO.
810 Park Place, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

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K. SALLY
EXAMINER
DEC 28 2011

H110003018383

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

810 Park Place, LLC

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

EFFECTIVE DATE
12-30-2011

ARTICLE II - Address:

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

Principal Office Address:

2891 Long Meadow Drive
Wellington, FL 33414

Mailing Address:

2891 Long Meadow Drive
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 an individual or another business entity with an active Florida registration.)

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

Lawrence Sosnow

Name

2891 Long Meadow Drive

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

Wellington FL 33414

City, State, and Zip

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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)

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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:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

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 §.817.155, F.S.)

LAWRENCE SOSNOW

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)

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