## L12000051182

(Re	equestor's Name)	
(Ad	ldress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bı	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



000225978920

19 APR 13 PM 1:47

2012 APR 13 AM ID: 03
SECRETARISE P STATE

J. BRYAN APR 1 © 2012

**EXAMINER** 



CORPORAT

TION SERVICE COMPANY.	
ACCOUNT NO. : 12000000195	
REFERENCE : 167753 4311863	
AUTHORIZATION: Spelle man	
COST LIMIT : \$ 125.00	
ORDER DATE : April 13, 2012	
ORDER TIME : 10:51 AM	
ORDER NO. : 167753-005	
CUSTOMER NO: 4311863	
DOMESTIC FILING	2012 APR 1
NAME: DAYTONA ATLANTIC, LLC	FILEU MID: 03
EFFECTIVE DATE:	93
ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP XX ARTICLES OF ORGANIZATION	<b>*</b>
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:	
CERTIFIED COPY  PLAIN STAMPED COPY  CERTIFICATE OF GOOD STANDING	
CONTACT PERSON: Becky Peirce - EXT. 2919	
EXAMINER'S INITIALS:	

ARTICLES OF ORGANIZATION FOR F	LORIDA LIMITED LIABILITY COMPANY
ADTICLE L. Nome.	Sility Company, "L.L.C.," or "LLC.")
ARTICLE I - Name: The name of the Limited Liability Company is	
The name of the Elimited Elability Company is	The state of the s
Daytona Atlantic, LLC	FISH 1
(Must end with the words "Limited Liab	oility Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
	principal office of the Limited Liability Company is:
110 maning wantess and short accress of the	series of the different property company to
Principal Office Address:	Mailing Address:
3701 S. Atlantic Avenue	2701 C. Atlantia Augus
Daytona Beach Shores, Florida 32118	3701 S. Atlantic Avenue  Daytona Beach Shores, Florida 32118
Daytona Beach Ghores, Florida 52116	
7	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registusiness entity with an active Florida registration.)  The name and the Florida street address of the	istered Agent. You must designate an individual or another
Marilyn Hooper	•
Name	e
3701 S. Atlantic Avenue	•
	ddress (P.O. Box NOT acceptable)
	address (P.O. Box NOT acceptable)
Daytona Beach Shores	FL 32118
· City, S	State, and Zip
liability company at the place designated in registered agent and agree to act in this capaci statutes relating to the proper and complete p	o accept service of process for the above stated limited this certificate, I hereby accept the appointment as ity. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and gistered agent as provided for in Chapter 608, F.S
Marily	Horper (RECHARED)
Registered Agent's Sign	SIME (VECOIVED)

(CONTINUED)

Page 1 of 2

<u>Title:</u>	Name and Address:	40, 2
"MGR" = Manager		1/6 1/2
"MGRM" = Managing Member		THE IS
MGRM	Blickman Properties, Inc.	Soft 1
<del></del>	3701 S. Atlantic Avenue	<u> </u>
	Daytona Beach Shores, Florida 32118	MILARA 13 M. SECRETARIAS SEE. FLORIS
		- En
		<del></del>
· · · · · · · · · · · · · · · · · · ·		
		<del></del>
(Use attachment if necessary)		
		(OPTIONAL)
LE V: Effective date, if other than the		<u> </u>
fective date is listed, the date must l	e date of filing: oe specific and cannot be more than five	<u> </u>
		<u> </u>
fective date is listed, the date must l		<u> </u>
fective date is listed, the date must I days after the date of filing.)  REQUIRED SIGNATURE:  BLICKMAN PROPE	oe specific and cannot be more than five	<u> </u>
fective date is listed, the date must I days after the date of filing.)  REQUIRED SIGNATURE:	oe specific and cannot be more than five	<u> </u>
fective date is listed, the date must I days after the date of filing.)  REQUIRED SIGNATURE:  BLICKMAN PROPE  By:  Amel	oe specific and cannot be more than five	e business days prior
fective date is listed, the date must I days after the date of filing.)  REQUIRED SIGNATURE:  BLICKMAN PROPE By:  Signature of a memb  (In accordance with section 60 constitutes an affirmation und I am aware that any false information in the section for	RTIES, INC	e business days prior er. document rein are true.
fective date is listed, the date must I days after the date of filing.)  REQUIRED SIGNATURE:  BLICKMAN PROPE By:  Signature of a memb  (In accordance with section 60 constitutes an affirmation und I am aware that any false information in the section for	RTIES, INC er or an authorized representative of a member the penalties of perjury that the facts stated he mation submitted in a document to the Department as as provided for in s.817.155, F.S.)	e business days prior er. document rein are true.

Page 2 of 2

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)