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(Cit	ty/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
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(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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		WALK IN
:	PICK U	JP: 8-7-12
2	CERTIFIED COPY	
	РНОТОСОРУ	
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iz	FILING	LLC
1.	Pointe Tibet (CORPORATE NAME AND DOCUME	Acquisitions LLC
2.		
	(CORPORATE NAME AND DOCUM)	ENT #)
3.	(CORPORATE NAME AND DOCUM	ENT #)
4.	(CORPORATE NAME AND DOCUM	
5.	(CORPORATE NAME AND DOCUM	ENT #)
6.	(CORPORATE NAME AND DOCUM	ENT #)
SPECL	AL INSTRUCTIONS:	
	<u></u>	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLES	OF ORGANIZATION	FOR FLORIDA LIVIETED LEA	DILLI I COMBIA		
ARTICLE I	I - Name: Tthe Limited Liability Con	mpany is:			
Pointe Tibet Acquisitions LLC					
	(Must end with the words "L	imited Liability Company, "L.L.C.," or "LLC."	"		
	II ~ Address: - · address and street address	s of the principal office of the Limit	ted Liability Company is:		
Principal Of	ffice Address:	Mailing Address:			
5401 S. Kirkr Orlando, FL (man Rd, Suite 310 32819	5401 S. Kirkman Rd. S Orlando, FL 32819	suite 310		
(The Limited Lia	II - Registered Agent, R bility Company cannot serve as it with an active Florida registration.	Registered Office, & Registered Approximate as sown Registered Agent. You must designate as	gent's Signature: n individual or another		
The name and	d the Florida street addres	ss of the registered agent are:			
	Roshan Dharia	, <u>, </u>			
		Name			
	5401 S. Kirk	rman Rd. Suite 310			
	Florid	a street address (P.O. Box NOT acceptable	e)		
	Orlando	_{FL} 32819			
		City, State, and Zip			
liability o registered ag statutes reli	ompany at the place desig zent and agree to act in thi ating to the proper and co	nt and to accept service of process for mated in this certificate, I hereby acc is capacity. I further agree to comply mplete performance of my duties, an on as registered agent as provided for	ept the appointment as v with the provisions of all d I am familiar with and		
-	(0	nt's Signature (REQUIRED) CONTINUED) Page 1 of 2	12 AUG - 7 PA SECRETARY OF TALLAHASSEE.		

"MGRM" = Managing Member	Name and Address:	
MGRM	Roshan Dharia	
	5401 S. Kirkman Rd. Suite 310	
	Orlando FL 32819	
• Was •		
		
fective date is listed, the date must l days after the date of filing.)	be specific and cannot be more than five business of	
REQUIRED SIGNATURE:	,	
-	N	
(7		
` \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	er or an authorized representative of a member.	
Signature of a memb		
(In accordance with section 60 constitutes an affirmation under lam aware that any false infor	18.408(3), Florida Statutes, the execution of this document er the penalties of perjury that the facts stated herein are true.	
(In accordance with section 60 constitutes an affirmation under lam aware that any false infor	18.408(3), Florida Statutes, the execution of this document er the penalties of perjury that the facts stated herein are true. Transion submitted in a document to the Department of State by as provided for in s.817.155, F.S.)	
(In accordance with section 60 constitutes an affirmation unde I am aware that any false infor constitutes a third degree felon Roshan Dhari	18.408(3), Florida Statutes, the execution of this document er the penalties of perjury that the facts stated herein are true. Transion submitted in a document to the Department of State by as provided for in s.817.155, F.S.)	
(In accordance with section 60 constitutes an affirmation under I am aware that any false infor constitutes a third degree felon Roshan Dhari	18.408(3), Florida Statutes, the execution of this document er the penalties of perjury that the facts stated herein are true. rmation submitted in a document to the Department of State by as provided for in s.817.155, F.S.)	