

**L12000115764**

**Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet**

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**To:**

Division of Corporations  
Fax Number : (850) 617-6383

**From:**

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5368

**\*\*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.  
PRCP CASA DEL TORO, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	<b>\$125.00</b>

**RECEIVED**  
12 SEP 10 PM 1:31  
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TALLAHASSEE, FLORIDA

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12 SEP 10 AM 8:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B. BOSTICK

SEP 11 2012

EXAMINER

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PRCP Casa del Toro, LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Barbara Gaziano

Name of Person

Pridemack Capital Management, LLC

Firm/Company

525 Okeechobee Blvd, Suite 1650

Address

West Palm Beach, FL 33401

City/State and Zip Code

bgaziano@prcpilc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Barbara Gaziano

at

561

318-4293

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$160.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**Mailing Address**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street/Courier Address**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

DEPT. OF STATE  
TALLAHASSEE, FLORIDA

12 SEP 10 AM 8:24

FILED

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

PRCP Casa del Toro, LLC

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

### ARTICLE II - Address:

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

#### Principal Office Address:

525 Okeechobee Blvd, Suite 1650, West Palm  
Beach, FL 33401

#### Mailing Address:

525 Okeechobee Blvd, Suite 1650, West Palm  
Beach, FL 33401

### 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:

Barbara Gaziano

Name

525 Okeechobee Blvd, Suite 1650

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

West Palm Beach FL 33401

City, State, and Zip

*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.*

By:

Barbara Gaziano

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:**

David Khoury, MGR

525 Okeechobee Blvd, Suite 1650 West Palm Beach,  
FL 33401

George Banks, MGR

525 Okeechobee Blvd, Suite 1650 West Palm Beach,  
FL 33401

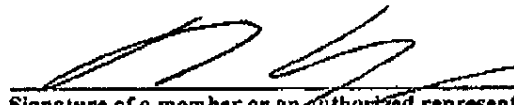
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STATE OF FLORIDA

(Use attachment if necessary)

**ARTICLE V: Effective date, if other than the date of filing: \_\_\_\_\_ (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.817.135, F.S.)

David Khoury, Manager

\_\_\_\_\_  
Typed or printed name of signer

**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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