

Oct 05 12:03:45p

Superbiz.com

1561 4228 3

L120000127640

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

((H12000243598 3)))



H120002435983ABC1

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) 617-6383

From:

Account Name : CSH SERVICES, LLC
Account Number : I20070000160
Phone : (800) 494-3124
Fax Number : (561) 455-9885

****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.

Grand Island Place II, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

RECEIVED
12 OCT -5 PM 4:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. SAULSBERRY
EXAMINER

Electronic Filing Menu

Corporate Filing Menu

Help

OCT 8 2012

FILED

2012 OCT -5 AM 9:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H12000243598 3

**ARTICLES OF ORGANIZATION FOR A
FLORIDA LIMITED LIABILITY COMPANY**

In compliance with Chapter 608, F.S.

ARTICLE I NAME

The name of the Limited Liability Company is:

GRAND ISLAND PLACE II, LLC

ARTICLE II ADDRESSThe mailing address and street address of the principal office of the
Limited Liability Company is:

2627 NE 203RD STREET, STE 202

AVENTURA, FLORIDA 33180

ARTICLE III REGISTERED AGENT, REGISTERED OFFICE**REGISTERED AGENT SIGNATURE**

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

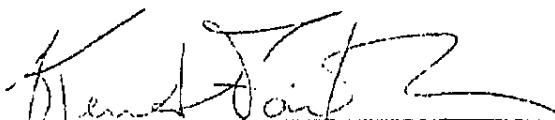
KEVIN FAITH

2627 NE 203RD STREET, STE 202

AVENTURA, FLORIDA 33180

Having been named as registered agent 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.

X



KEVIN FAITH / Registered Agent's signature

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2012 OCT -5 AM 9:03

FILED

H12000243598 3

H12000243598 3

PAGE 2 GRAND ISLAND PLACE II, LLC

ARTICLE IV MANAGEMENT

The Limited Liability Company is to be managed by one or more managers and is, therefore, a Manager Managed Company.

ARTICLE V MEMBERS

MANAGER

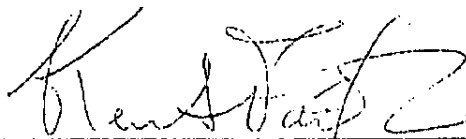
FIP REALTY SERVICES, LLC

2627 NE 203RD STREET, STE 202

AVENTURA, FLORIDA 33180

FILED
2012 OCT -5 AM 9:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

X



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.

FIP REALTY SERVICES, LLC

H12000243598 3