

L1200014377 ✓

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

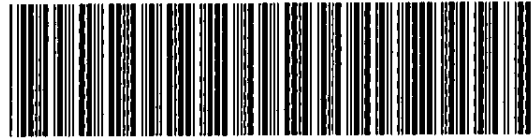
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK

NOV 14 2012

EXAMINER

CORP DIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: Kim Weidenbach

DATE: 11/13/12

REF. #: 000176.175801

CORP. NAME: LAS OLAS GATEWAY, LLC

** File First **
File before Gateway North Investors LLC

- | | | |
|--|--|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADE MARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input type="checkbox"/> OTHER: | | |

STATE FEES PREPAID WITH CHECK# 101944 FOR \$ 160.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

- | | | |
|--|--|---|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input checked="" type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

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TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION
OF
LAS OLAS GATEWAY, LLC
(a Florida limited liability company)**

Pursuant to Florida Statutes §608.407, the undersigned hereby submits the following Articles of Organization of **LAS OLAS GATEWAY, LLC** for the purpose of forming a limited liability company under the laws of the State of Florida.

**ARTICLE I.
Name**

The name of the Limited Liability Company is "**LAS OLAS GATEWAY, LLC**" (the "**Company**").

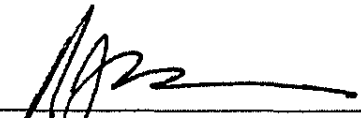
**ARTICLE II.
Principal Office**

The mailing address and street address of the principal office of the Company is: 401 East Las Olas Blvd., Suite 2200, Fort Lauderdale, Florida 33301.

**ARTICLE III.
Registered Agent**

The name of the initial registered agent of the Company is **Robert J. Puck**, and the street address of the Company's initial registered agent is 401 East Las Olas Blvd, Suite 2200, Fort Lauderdale, FL 33301.

These Articles of Organization are hereby executed by the undersigned Authorized Representative of the Company.

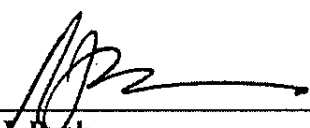


Robert J. Puck
Authorized Representative

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TALLAHASSEE, FLORIDA

Acceptance of Appointment of Registered Agent

Robert J. Puck, having been named the Registered Agent of **LAS OLAS GATEWAY, LLC**, hereby accepts such designation and is familiar with, and accepts, the obligations of such position, as provided in Chapter 608 of Florida Statutes.



Robert J. Puck

Date: **November 12, 2012**

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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**