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(((H130000435273)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : BLUMBERG/EXCELSIOR

Account Number: 075350000353 Phone

: (212)431-5000

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**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please:

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Email Address:		٠.	٠,	•		

FLORIDA LIMITED LIABILITY CO.

LAKE Park LLC

Certificate of Status	0
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February 26, 2013

FLORIDA DEPARTMENT OF STATE
Division of Corporations

EMERALD LAKES LLC 3600 N. 32ND AVENUE HOLLYWOOD, FL 33021

SUBJECT: EMERALD LAKES LLC

REF: W13000011345

We received your electronically transmitted document. Rowever, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The administratively dissolved entity with a similar name is EMERALD LAKE LLC - Doc. Number L05000029143.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Buck Kohr Regulatory Specialist II FAX Aud. #: H13000043527 Letter Number: 213A00004548

13 FEB 27 PH 2: 37
SECRETARY OF STATE
ALLAHASSEE. FLORIDA

P.O BOX 6327 - Tailahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY

AR	TICI	LE I -	Na	me
\sim				ше.

The name of the Limited Liability Company is:

LAKE PARK LLC		
ARTICLE II - Address: The mailing address and street addres	s of the principal office of the Limited	Liability Company is:
Principal Office Address:	Mailing Address:	
3600 N 32ND AVENUE	3800 N 32ND AVENUE	
HOLLYWOOD FL. 33021	HOLLYWOOD FL. 33021	
ARTICLE III - Registered Agent. F	Registered Office, & Registered Ager	ıt's Signature:

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

LILLIAN EVANS			
Name			
3600 N 32ND AVENUE		;	;•
Florida street address (P.O. B	ox N	OT:	rccobtep
HOLLYWOOD FL. 33021		•	
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.

χ.	Lillian Evans	· · · · · · · · · · · · · · · · · · ·	
	Registered Agent's Signature	: '	

(CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Manager The name and address of each Manager	ing Member(s): or Managing Member is as follows:
<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGR	LILLIAN EVANS
	3600 N 32ND AVENUE
	HOLLYWOOD FL. 33021
(Use attachment if necessary)	· ·
NOTE: An additional article must be	added if an effective date is requested.
REQUIRED SIGNATURE:	
Lillian Evans	:
Signature of a member of	or an authorized representative of a member.
(In accordance with section of this document constituent that the facts stated her	on 608.408(3), Florida Statutes, the execution tes an affirmation under the penaltics of perjury sin are true.)
LILLIAN EVANS, Orga	inizer
	d or printed name of signee
Filing Fees:	:
\$125.00 Filing Fee for Articles of Organi	zation and Designation
of Registered Agent	
\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)	

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