# L1300003332

(Req	uestor's Name)	
(Addi	ress)	
(Add	ress)	
(City)	State/Zip/Phon	ne #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Na	me)
(Doc	ument Number	)
Certified Copies	Certificate	s of Status
Special Instructions to F	iling Officer:	

Office Use Only



400244934684

03/05/13--01001--023 \*\*155.00

MAR 5 2013

T CLINE

F# 4: 3

CORPDIRECT AGEN 515 EAST PARK AVE TALLAHASSEE, FL 222-1173		,		. •	,
FILING COVER S ACCT. #FCA-14	SHEET				
CONTACT:	Kim Weidenbach				
DATE:	03/04/13				
REF.#:	000427.181937		,		
CORP. NAME:	1201 EARL RUDDER COLL	EGE STATION	ΓX, LLC		
( ) ARTICLES OF INCO ( ) ANNUAL REPORT ( ) FOREIGN QUALIFIC ( ) REINSTATEMENT ( ) CERTIFICATE OF C. ( ) OTHER:	( ) TRADEMARKA CATION ( ) LIMITED PAR ( ) MERGER	AMENDMENT /SERVICE MARK TNERSHIP		AME ABILITY	
STATE FEES PR	REPAID WITH CHECK#	103759	FOR \$ <u>1</u>	<u>55.00</u>	
AUTHORIZATIO	ON FOR ACCOUNT IF T	O BE DEBITE	D:	2013 HJ SEGRE TALLAH	Megt <sub>eren</sub> , <sub>ma</sub>
		COST LI	MIT: \$	2013 HMR -4 A SEGRETARY BE FALLAHASSEE!	as connection of the second of
PLEASE RETUR (XX) CERTIFIED COI ( ) CERTIFICATE OF	PY ( ) CERTIFICAT	FE OF GOOD STAN	DING (	FESTAL SO STAMP	

Examiner's Initials

(850) 245-6051.

#### COVER LETTER

TO:

Registration Section
Division of Corporations

1201

1201Earl Rudder College Station TX, 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:

# CRISTIAN J. FERNANDEZ, ESQ.

Name of Person

# C/O NOBLE MANAGEMENT COMPANY

Firm/Company

# 4280 PROFESSIONAL CENTER DRIVE, SUITE 100

Address

# PALM BEACH GARDENS, FL 33410

City/State and Zip Code

lisa@noblep.com

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

For further information concerning this matter, please call:

Cristian J. Fernandez, Esq. at (561)

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 Ecc.

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

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
1201 Earl Rudder College Station TX, LLC	
(Must end with the words "Limited Liabilit	ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the pri-	ncipal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
4280 Professional Center Drive	4280 Professional Center Drive
Suite 100	Suite 100
Palm Beach Gardens, FL 33410	Palm Beach Gardens, FL 33410
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)  The name and the Florida street address of the re	red Agent. You must designate an individual or another
CRISTIAN J. FERNANDEZ, ESQ.	
Name	·
4280 PROFESSIONAL CENTER DE	RIVE, SUITE 110
Florida street addr	ess (P.O. Box NOT acceptable)
PALM BEACH GARDENS	FL 33410
City, State	e, and Zip
	ccept service of process for the above stated limite

liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in his 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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2



ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
MGR	TRACI L. AMBROSINO
WOT	4280 PROFESSIONAL CENTER DRIVE, SUITE 100
	PALM BEACH GARDENS, FL 33410
MGR	PAUL FORBERGER
	4280 PROFESSIONAL CENTER DRIVE, SUITE 100
	PALM BEACH GARDENS, FL 33410
·	
(Use attachment if necessary)  CLE V: Effective date, if other than	the date of filing: (OPTIONAL)
CLE V: Effective date, if other than	oust be specific and cannot be more than five business days
CLE V: Effective date, if other than effective date is listed, the date m to or 90 days after the date of filing   REQUIRED SIGNATURE:	oust be specific and cannot be more than five business days
CLE V: Effective date, if other than effective date is listed, the date m to or 90 days after the date of filing  REQUIRED SIGNATURE:  Signature of a month of the constitutes an affirmation under the constitutes any false information and the constitutes are affirmation and the constitutes any false information and the constitutes are affirmation and the constitutes any false information and the constitutes are affirmation	mber or an authorized representative of a member.  608.408(3), Florida Statutes, the execution of this document noder the penalties of perjury that the facts stated herein are true. formation submitted in a document to the Department of State
CLE V: Effective date, if other than effective date is listed, the date m to or 90 days after the date of filing  REQUIRED SIGNATURE:  (In accordance with section constitutes an affirmation un I am aware that any false inficonstitutes a third degree fel	mber or an authorized representative of a member.  608.408(3), Florida Statutes, the execution of this document nder the penalties of perjury that the facts stated herein are true. formation submitted in a document to the Department of State clony as provided for in s.817.155, F.S.)
CLE V: Effective date, if other than effective date is listed, the date m to or 90 days after the date of filing  REQUIRED SIGNATURE:  Signature of a month of the constitutes an affirmation under the constitutes any false information and the constitutes are affirmation and the constitutes any false information and the constitutes are affirmation and the constitutes any false information and the constitutes are affirmation	mber or an authorized representative of a member.  608.408(3), Florida Statutes, the execution of this document nder the penalties of perjury that the facts stated herein are true. formation submitted in a document to the Department of State clony as provided for in s.817.155, F.S.)
CLE V: Effective date, if other than effective date is listed, the date m to or 90 days after the date of filing  REQUIRED SIGNATURE:  (In accordance with section constitutes an affirmation un I am aware that any false inficonstitutes a third degree fel	mber or an authorized representative of a member.  608.408(3), Florida Statutes, the execution of this document nder the penalties of perjury that the facts stated herein are true. formation submitted in a document to the Department of State clony as provided for in s.817.155, F.S.)
CLE V: Effective date, if other than effective date is listed, the date m to or 90 days after the date of filing  REQUIRED SIGNATURE:  (In accordance with section constitutes an affirmation un I am aware that any false inficonstitutes a third degree fel	mber or an authorized representative of a member.  608.408(3), Florida Statutes, the execution of this document ander the penalties of perjury that the facts stated herein are true. formation submitted in a document to the Department of State alony as provided for in s.817.155, F.S.)  SINO, MANAGER  Typed or printed name of signee
CLE V: Effective date, if other than effective date is listed, the date m to or 90 days after the date of filing  REQUIRED SIGNATURE:  Signature of a mon constitutes an affirmation under the date of filing the constitutes at the degree felegation of the constitutes at the degree felegation.  Filing Fees:	mber or an authorized representative of a member.  608.408(3), Florida Statutes, the execution of this document ander the penalties of perjury that the facts stated herein are true. formation submitted in a document to the Department of State alony as provided for in s.817.155, F.S.)  SINO, MANAGER  Typed or printed name of signee
CLE V: Effective date, if other than effective date is listed, the date m to or 90 days after the date of filing   REQUIRED SIGNATURE:  Signature of a mon constitutes an affirmation up I am aware that any false inficonstitutes a third degree fel TRACIL. AMBROS  Filing Fees:  \$125.00 Filing Fee for Articles of Original Properties of Signature	mber or an authorized representative of a member.  608.408(3), Florida Statutes, the execution of this document noder the penalties of perjury that the facts stated herein are true. formation submitted in a document to the Department of State clony as provided for in s.817.155, F.S.)  SINO, MANAGER  Typed or printed name of signee
CLE V: Effective date, if other than effective date is listed, the date m to or 90 days after the date of filing  REQUIRED SIGNATURE:  Signature of a mon constitutes an affirmation under the date of filing the constitutes at the degree felegation of the constitutes at the degree felegation.  Filing Fees:	mber or an authorized representative of a member.  608.408(3), Florida Statutes, the execution of this document ander the penalties of perjury that the facts stated herein are true. formation submitted in a document to the Department of State alony as provided for in s.817.155, F.S.)  SINO, MANAGER  Typed or printed name of signee