

**L13000102831**

Florida Department of State  
Division of Corporations  
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## To:

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

## From:

Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

**\*\*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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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**FLORIDA LIMITED LIABILITY CO.  
CROSSINGS PROPERTY MANAGEMENT, LLC**

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I**

The Name of the Limited Liability Company shall be :

**CROSSINGS PROPERTY MANAGEMENT, LLC**

**ARTICLE II**

The Company is organized for any legal and lawful purpose for which a limited liability company may be organized pursuant to the at.

**ARTICLE III**

The mailing address and street address of the principal office of the limited liability company is:

**9200 SOUTH DADELAND BOULEVARD SUITE 508  
MIAMI, FLORIDA 33156**

**ARTICLE IV**

The name of the Managing Member and Manager(S) shall be:

**MANAGING MEMBER**

**EILEEN ARECHAVALETA**

**9200 SOUTH DADELAND BOULEVARD SUITE 508  
MIAMI, FLORIDA 33156**

**ARTICLE V**

The name and Florida street address of the registered agent shall be:

**FRED E. GLICKMAN, ESQUIRE**

**9200 SOUTH DADELAND BOULEVARD SUITE 508  
MIAMI, FLORIDA 33156**

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**CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED  
OFFICE/MEMBER/REPRESENTATIVE**

Crossings Property Management, LLC

Having been named as registered agent and to accept service of process for the above-stated Limited Liability Company at the place designated in the articles of organization, 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.

  
\_\_\_\_\_  
Signature of Registered Agent

  
\_\_\_\_\_  
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.)

Fred E. Glickman, Esquire  
Typed or printed name of signee

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