

#L13000112043

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

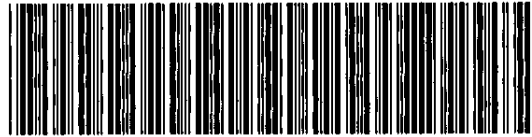
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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200250515492

08/07/13--01024--014 **160.00

RECEIVED
DEPARTMENT OF STATE
13 AUG - 7 PM 2:49

FILED
13 AUG - 7 AM 10:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER

AUG - 8 2013

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

FILING COVER SHEET
ACCT. #FCA-23

CONTACT: **RICKY SOTO**

DATE: **08/07/2013**

REF. #: **8856293**

CORP. NAME: **LAS OLAS PSREG CO-INVESTMENT, 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"/> TRADEMARK/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# 70005807 FOR \$ 160.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ **COST LIMIT: \$**_____

PLEASE RETURN:

- ☒ CERTIFIED COPY ☒ CERTIFICATE OF GOOD STANDING ☐ PLAIN STAMPED COPY
☐ CERTIFICATE OF STATUS

Examiner's Initials

**ARTICLES OF ORGANIZATION
OF
LAS OLAS PSREG CO-INVESTMENT, LLC
(a Florida limited liability company)**

FILED
13 AUG -7 AM 10:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to Florida Statutes §608.407, the undersigned hereby submits the following Articles of Organization of **LAS OLAS PSREG CO-INVESTMENT, 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 PSREG CO-INVESTMENT, LLC**" (the "**Company**").

ARTICLE II.

Principal Office

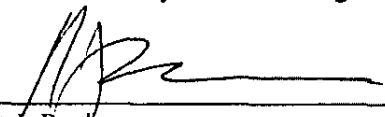
The mailing address and street address of the principal office of the Company is: 401 East Las Olas Blvd, Suite 2200, Fort Lauderdale, FL 33301.

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

Acceptance of Appointment of Registered Agent

Robert J. Puck, having been named the Registered Agent of **LAS OLAS PSREG CO-INVESTMENT, 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: 08/07/2013