Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

	(((H13000212501 3)))
Note: DO NO	H130002125013ABCP OT hit the REFRESH/RELOAD button on your browser from this page: Doing so will generate another cover sheet.
T¢: From	Division of Corporations Fax Number : (850;617-6383 Account Name : C T CORPORATION SYSTEM Account Number : FCA000000023 Phone : (850)222-1092 Fax Number : (850)878-5368
annual i	mail address for this business entity to be used for future report mailings. Enter only one email address please.** The property of the prope
SEP 2 5 2013	Certificate of Status 0 Certified Copy 0
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Electronic Filing Menu

Estimated Charge

Corporate Filing Menu

Help

\$125,00

COVER LETTER

TO:	Registration : Division of Co			
SUBJI		F – Leuderdale Towne Cl	ub LLC	PA K
30831	sci:	Name of Limit	ed Liability Company	38.
The en	closed Articles o	of Organization and fec(s) are	submitted for filing.	
Please	return all corres	pandence concerning this matt	ter to the following:	
	Lynn Calloway,	Paralegal		
			Name of Person	
	Squire Sanders	(US) LLP		
		**************************************	Firm/Company	
	41 S. High Street	, 2000 Huntington Center		
			Address	
	Columbus, Ohk	43215		
		Ci	ty/State and Zip Cods	
	lynn.calloway@s	quiresanders.com		
			for future annual report notification)	
For fur	ther information	concerning this matter, please	call:	
Lynn C	alloway, Parategal		614 365-2753 at ()	
	Name	of Person	Area Code & Daytime Telephone Number	म
Enclos	sed is a check f	or the following amount:		
□\$ 125.	00 Filing Fee	☐\$130.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified	te of Status &
		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 Tallabassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

·	· Name: he Limited Liability Compan	y is:	
LEDAHF - Lau	iderdale Towns Club LLC		
	(Must end with the words "Limited I	Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II The mailing at		e principal office of the Limite	
Principal Offi	ice Address:	Mailing Address:	13 SEP
6700 NW 44th Street, Lauderhill, FL 33319		6700 NW 44th Street, Laude	whili 61 33310
			2
			- 12 P
(The Limited Liabil		ered Office, & Registered Ag Registered Agent. You must designate an	ent's Signature: 20
(The Limited Liabil business entity wit	lity Company cannot serve as its own R	Registered Agent. You must designate an	ent's Signature:
(The Limited Liabil business entity wit	lity Company cannot serve as its own R th an active Plorida registration.) the Florida street address of t	Registered Agent. You must designate an	ent's Signature:
(The Limited Liabil business entity wit	lity Company cannot serve as its own R th an active Plorida registration.) the Florida street address of t Ms. Roz Galewood	Registered Agent. You must designate an	ent's Signature:
(The Limited Liabil business entity wit	lity Company cannot serve as its own R th an active Plorida registration.) the Florida street address of t Ms. Roz Galewood	tegistered Agent. You must designate an	ent's Signature:
(The Limited Liabil business entity wit	lity Company cannot serve as its own F th an active Plorida registration.) the Florida street address of t Ms. Roz Gatewood N 701 N. Andrews Avenue	tegistered Agent. You must designate an	ent's Signature:
(The Limited Liabil business entity wit	lity Company cannot serve as its own F th an active Plorida registration.) the Florida street address of t Ms. Roz Gatewood N 701 N. Andrews Avenue	tegistered Agent. You must designate and the registered agent are:	ent's Signature:

flaving 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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

Title:

"MGR" = Manager

"MGRM" = Managing Member

MGRM

Linked Economic Development & Affordable Housing
Foundation, Inc.

ARTICLE V: Effective date, if other than the date of filing: . (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

(Use attachment if necessary)

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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Alichard J. deGorter, President and CEO of Linked Economic Covelopment & Affordable Housing Foundation, ing. (the sole Member)

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

ARTICLE IV- Manager(s) or Managing Member(s):

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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