

L13000/38815

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



PICK-UP



WAIT



MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

OCT -2 2013

A. LUNT

Office Use Only



100251923771

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2013 OCT -1 AM 4:20
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

FILED
2013 OCT -1 AM 8:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 830409 4305340

AUTHORIZATION :

COST LIMIT : \$ 125.00

ORDER DATE : October 1, 2013

ORDER TIME : 3:37 PM

ORDER NO. : 830409-010

CUSTOMER NO: 4305340

2013 OCT -1 PM 8:59
SEC. OF STATE
TALLAHASSEE, FLORIDA

FILED

Plan for 2nd.

DOMESTIC FILING

NAME: FLORIDA FAMILY OFFICE LLC

EFFECTIVE DATE:

____ ARTICLES OF INCORPORATION
____ CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY
____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - EXT. 52956

EXAMINER'S INITIALS: _____

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Florida Family Office LLC

(Must end with the words "Limited Liability Company, 'L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

5801 North Andrews Way, Suite 5817A

Fort Lauderdale, FL 33309

Mailing Address:

5801 North Andrews Way, Suite 5817A

Fort Lauderdale, FL 33309

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Corporation Service Company

Name

1201 Hays Street

Florida street address (P.O. Box **NOT** acceptable)

Tallahassee

FL 32301

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.

Corporation Service Company

By: Doreen S. Haeselin Asst. VP

Registered Agent's Signature (REQUIRED)

Doreen S. Haeselin, Asst. VP

(CONTINUED)

2013 OCT - 1 AM 8:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Florida Family Manager LLC

5801 North Andrews Way, Suite 5817A

Fort Lauderdale, FL 33309

(Use attachment if necessary)

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:



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.)

Steven A. Beckelman, Authorized Representative

Typed or printed name of signer

Filing Fees:

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

FILED
2013 OCT -1 PM 8:59
SECRETARY OF STATE
PALM BEACH, FLORIDA