L14000010873

(Requestor's Name)
(Address)
(Address)
(Hadross)
(City/State/Zip/Phone #)
DIRECTOR DIVERT DIVERT
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Document Names)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





500254899365

01/02/14--01022--023 **780.00

SECRETARY OF STATION DIVISION OF CORPORATION



COVER LETTER

TO: Registration Section Division of Corporations
EB5 AFFILIATE NETWORK STATE OF FLORIDA REGIONAL CENTER, LLC
SUBJECT: 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:
Thomas N. Silverman
Name of Person
Thomas N. Silverman, P.A.
Firm/Company
3801 PGA Blvd, Suite 902
Address
Palm Beach Gardens, Florida 33410
City/State and Zip Code tns@floridaprobatecounsel.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Thomas N. Silverman 361 775-7500
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$125.00 Filing Fee \$\times \text{S130.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{\$\$160.00 Filing Fee. Certified Copy (additional copy is enclosed)} \text{\$\$Certified Copy (additional copy is enclosed)} \text{\$}Certified Copy (additional copy is enclosed)} \text{\$\$Certified Copy (additional copy is enclosed)} \text{\$}Certified Copy (additional copy is enclosed)} \text{\$}Certifi
Nation Addison

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

OF

EB5 AFFILIATE NETWORK STATE OF FLORIDA REGIONAL CENTER, LLC, A FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I

Name. The name of the Limited Liability Company ("Company") is EB5 AFFILIATE NETWORK STATE OF FLORIDA REGIONAL CENTER, LLC, a Florida Limited Liability Company.

ARTICLE II

Address. The mailing and street address of the Company's principal and mailing office is 142 Commodore Drive, Jupiter, Florida 33477.

ARTICLE III

<u>Duration</u>. The period of duration for the Company is twenty-five (25) years beginning on the date these Articles of Organization are filed with the Florida Department of State.

ARTICLE IV

Registered Agent and Office. The name of the Company's initial registered agent in Florida is Thomas N. Silverman, Esq. The address of the Company's registered office in Florida is 3801 PGA Boulevard, Suite 902, Palm Beach Gardens, Florida 33410.

ARTICLE V

Management. The Company is to be managed by its Manager(s). The initial Manager(s) will serve until the first annual meeting of the Members. The Manager(s) are identified as follows:

SAMUEL B. SILVERMAN MICHAEL SCHOENFELD

ARTICLE VI

Admission of New Members. Members of the Company have the right to admit new Members. Additional Members may be admitted only on the unanimous written consent of the existing Members, and the existing Members shall determine the amount and nature of contributions by new Members at the time the new Members are admitted.

ARTICLE VII

Continuation of Business. If at least one (1) Member remains after the death, retirement, resignation, expulsion, bankruptcy or dissolution of a Member or the occurrence of any other event which terminates the continued Membership of a Member ("Terminating Event") in the Company, the business of the Company shall be carried on by the remaining Member(s) and the Company shall not be dissolved unless all of the remaining Members agree in writing to dissolve and terminate the Company within ninety (90) days after the date of such Terminating Event.

The undersigned has set his hand and seal on the day, month and year set forth

below.

SAMUEL B. SILVERMAN, Trustee,

Member

Dated: _____*| \mathcal{Z}/|B*_____, 2013

of Conforming of the state of t

ACCEPTANCE OF REGISTERED AGENT

Having been named as registered agent and to accept service of process for EB5 AFFILIATE NETWORK STATE OF FLORIDA REGIONAL CENTER, LLC at 3801 PGA Boulevard, Suite 902, Palm Beach Gardens, FL 33410, 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, Florida Statutes.

Dated <u>D2L 31</u>, 2013.

THOMAS N. SILVERMAN, ESQ.,

Registered Agent

SECRETARY OF CORPORATIONS