

L14000021357

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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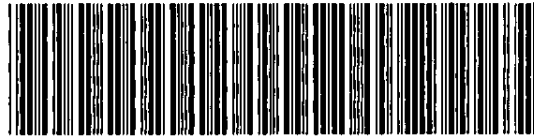
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Time, LLC

1.

North Central & Clarendon, LLC

(CORPORATE NAME AND DOCUMENT #)

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

6.

(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I: NAME

The name of the Limited Liability Company is:

North Central & Clarendon, LLC

ARTICLE II: ADDRESS

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

6218 North Federal Highway
Fort Lauderdale, Florida 33308

ARTICLE III: PURPOSE

The purpose for which this Limited Liability Company is organized is:

Any and all lawful business.

ARTICLE IV: REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT'S SIGNATURE:

Grant W. Kehres
2000 Glades Road, Suite 302
Boca Raton, Florida 33431

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 605, F.S.



Registered Agent's Signature

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ARTICLE V - MANAGEMENT:

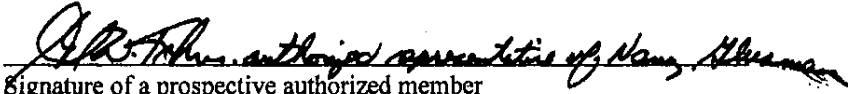
The Limited Liability Company is to be managed by its members and is, therefore, a member - managed company. The name and address of the member is:

Title: Authorized Member (AMBR)
Nancy Glusman
6218 North Federal Highway
Fort Lauderdale, Florida 33308

ARTICLE VI - EFFECTIVE DATE:

The effective date for this Limited Liability Company shall be:

The date these Articles are filed at the office of the Florida Secretary of State.


Signature of a prospective authorized member
or an authorized representative of a prospective authorized member

(In accordance with Section 605.0203, 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 Section 817.155, Florida Statutes.)

GRANT W. KEHRES, authorized representative of Nancy Glusman
Typed or printed name of signee.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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