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(Requestor's Name)

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☐ MAIL

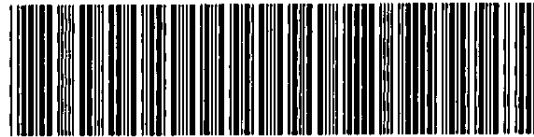
(Business Entity Name)

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2014 MAY -8 PM 11 14
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SUFFICIENCY OF FILMS

FILED
2014 MAY -8 AM 9:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Gungun MAY - 9 2014

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

** File First: **
Before East Austin
Investors, LLC

FILING COVER SHEET
ACCT. #FCA-23

CONTACT: SAVANNAH DEBOER

DATE: 05/08/14

REF. #: 7748062.9138563

CORP. NAME: LAS OLAS AUSTIN, 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# 70019973 **FOR \$** 130.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ **COST LIMIT: \$** _____

PLEASE RETURN:

- | | | |
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| <input type="checkbox"/> CERTIFIED COPY | <input checked="" type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input checked="" type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

** File First: Before East Austin Investors, LLC*

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2014 MAY -8 AM 9:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION
OF
LAS OLAS AUSTIN, LLC
(a Florida limited liability company)**

Pursuant to Florida Statutes §605.0201, the undersigned hereby submits the following Articles of Organization of **LAS OLAS AUSTIN, 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 AUSTIN, 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 AUSTIN, LLC, hereby accepts such designation and is familiar with, and accepts, the obligations of such position, as provided in Chapter 605 of Florida Statutes.



Robert J. Puck

Date: _____

5/2/14

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