

# 28/2/14 TUE 12:35 FAX  
Division of Corporations  
#001  
Page 1 of 2  
(((H14000251801 3)))

Florida Department of State  
Division of Corporations  
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10-27-2014

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Fax Number : (850) 617-6383

From: Account Name : OSBORNE & OSBORNE, P.A.  
Account Number : I20000000119  
Phone : (561) 395-1000  
Fax Number : (561) 368-6930

2014 OCT 28 AM 10:07  
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DIVISION OF CORPORATIONS  
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\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: RIM2@OSBORNEPA.COM

FLORIDA LIMITED LIABILITY CO.  
UNIT 28 BLOCK 1910 LOTS 79 & 80

Certificate of Status	0
Certified Copy	0
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OCT 29 2014

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(((H14000251801 3)))

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002

Division of Corporations

Page 2 of 2

((H14000251801 3)))

((H14000251801 3)))

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EFFECTIVE DATE  
10-27-2014

**ARTICLES OF ORGANIZATION FOR**  
**UNIT 28 BLOCK 1910, LOTS 79 & 80, L.L.C.**

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TALLAHASSEE, FLORIDA

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**UNIT 28 BLOCK 1910, LOTS 79 & 80, L.L.C.**

**ARTICLE II - Address:**

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

**Principal Office Address:**  
798 South Federal Highway  
Suite 100  
Boca Raton, Florida 33432

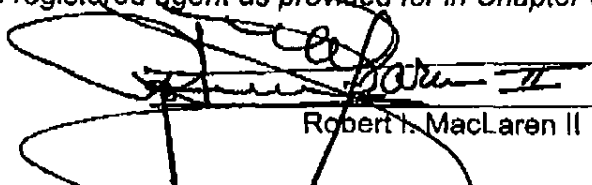
**Mailing Address:**  
798 South Federal Highway  
Suite 100  
Boca Raton, Florida 33432

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

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

Robert I. MacLaren II  
798 South Federal Highway  
Suite 100  
Boca Raton, Florida 33432

*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.*

  
Robert I. MacLaren II  
(CONTINUED)

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(( H14000251801 3 ))

**ARTICLE IV -**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member  
"MGR" = Manager

**Name and Address:**

MGR  
ADDRESS

**ROBERT I. MacLAREN II**  
798 South Federal Highway  
Suite 100  
Boca Raton, Florida 33432

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**ARTICLE V:** Effective date is October 27, 2014

**ARTICLE VI:**

The Limited Liability Company shall exist perpetually or until dissolved in a manner provided by law, or as provided in the Articles of Organization adopted by the Members. The purpose for which the Company is being formed is to engage in any activity or business permitted under the laws of the United States and the State of Florida.

**REQUIRED SIGNATURE:**



**Signature of a member or an authorized representative of a member.**

(In accordance with section 605.0203 (1) (b), 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.)

**Robert I. MacLaren II**

Typed or printed name of signee

(( H14000251801 3 ))