Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000006448 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name Account Number : 072450003255

: CORP USA

Phone

: (305)634-3694

Fax Number

: (305)633-9696

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address	
-------	---------	--

FLORIDA LIMITED LIABILITY CO. **BRADLEY SKH, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help



(m)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Bradley SKH, 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:	Majung Address;
3202 Alhambra Circle	3202 Albambra Circle
Coral Gables, FL 33134	Coral Gables, FL 33134

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:

Howard L. Kuker		
	Name	
9200 S. Dadeland B	lvd., Suite 508	
Florida street addre	ss (P.O. Box <u>NOT</u> a	cocptable)
Miami	FL	33156
Clty	State	Zio

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 (REQUIRED)

(CONTINUED)

Page 1 of 2

16 Jan - 8 PHI2: 30

THE PART OF STATE

Title:	Nama and Address:	
AMBR* - Authorized Member		
'MGR" = Manager MGR	Maria Bradley	
***************************************	3202 Alhambra Circle	
	Coral Gables, FL 33134	
	•	
ctive date is listed, the date must be specif	filing: (OPTIONAL) To and cannot be more than five business days prior to or 90 day	s after
ctive date is listed, the date must be specif (filing.)	ic and cannot be more than five business days prior to or 90 day t the applicable statutory filing requirements, this date will not be l	
ctive date is listed, the date must be specif (filing.) the date inserted in this block does not mee nent's effective date on the Department of S VI: Other provisions, if any.	ic and cannot be more than five business days prior to or 90 day t the applicable statutory filing requirements, this date will not be I State's records.	
ctive date is listed, the date must be specififiling.) the date inserted in this block does not meet tent's effective date on the Department of St. VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a membor of this document is executed a nm aware that any false in.	ic and cannot be more than five business days prior to or 90 day t the applicable statutory filing requirements, this date will not be l	listed as
ctive date is listed, the date must be specifilling.) the date inserted in this block does not meetent's effective date on the Department of St. VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member of this document is executed 1 am aware that any false in constitutes a third degree fer thousant L. Kuker	it the applicable statutory filling requirements, this date will not be lestate's records. State's records. Der or an authorized representative of a member. In accordance with section 605.0203 (1) (b), Florida Statutes. formation submitted in a document to the Department of State stony as provided for in s.817.155, F.S.	listed as
Elive date is listed, the date must be specifiling.) the date inserted in this block does not mee tent's effective date on the Department of St. VI: Other provisions, if any. Signature of a member of this document is executed 1 am aware that any false in constitutes a third degree fer thousant L. Kuker	ic and cannot be more than five business days prior to or 90 day t the applicable statutory filling requirements, this date will not be I State's records. Deer or an authorized representative of a member. In accordance with section 605.0203 (1) (b), Florida Statutes. formation submitted in a document to the Department of State	listed as
Etive date is listed, the date must be specifiling.) the date inserted in this block does not meetent's effective date on the Department of St. VI: Other provisions, if any. Signature of a member of this document is executed 1 am aware that any false in constitutes a third degree fer thousant L. Kuker	the applicable statutory filling requirements, this date will not be lestate's records. State's records. Deriver or an authorized representative of a member. In accordance with section 605.0203 (1) (b), Florida Statutes. formation submitted in a document to the Department of State shory as provided for in s.817.155, F.S.	16 JAN -3
etive date is listed, the date must be specifiling.) he date inserted in this block does not mee tent's effective date on the Department of S VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a memb This document is executed I am aware that any false in constitutes a third degree fe	the applicable statutory filing requirements, this date will not be I State's records. State's records. Derivation and the presentative of a member. In accordance with section 605.0203 (1) (b), Florida Statutes. formation submitted in a document to the Department of State slony as provided for in s.817.155, F.S. Typed or printed name of signce Filing Fees:	16 JAN -3
etive date is listed, the date must be specifilling.) he date inserted in this block does not mee ent's effective date on the Department of S VI: Other provisions, if any. EQUIRED SIGNATURE: Signature of a memb This document is executed I am aware that any false in constitutes a third degree fe	the applicable statutory filing requirements, this date will not be I State's records. State's records. Derivation and the presentative of a member. In accordance with section 605.0203 (1) (b), Florida Statutes. formation submitted in a document to the Department of State slony as provided for in s.817.155, F.S. Typed or printed name of signce Filing Fees:	isted (
citive date is listed, the date must be specifilling.) the date inserted in this block does not meet tent's effective date on the Department of St. VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member of the document is executed a member of the second of the se	the applicable statutory filing requirements, this date will not be lestate's records. State's records. Deer or an authorized representative of a member. In accordance with section 605.0203 (1) (b), Florida Statutes. formation submitted in a document to the Department of State shony as provided for in s.817.155, F.S. Typed or printed name of signee Filing Fees: sization and Designation of Registered Agent	listed as

Page 2 of 2