

L16000077472

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

☐

MAIL

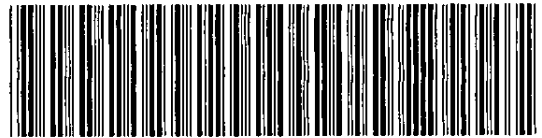
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/21/16--01016--013 **125.00

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DEPARTMENT OF STATE
16 APR 21 PM 1:31
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TO ACKNOWLEDGE
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FILED
16 APR 21 PM 1:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 21 2016

T SCHROEDER

CT Corporation System

515 E Park Avenue, Tallahassee, FL, 32301 850-222-1092

5900 Broken Sound, LLC

☐ Nonprofit

☒ Foreign
Corporation

☐ Limited Partnership

☐ LLC

☐ Certified Copy

☐ Call When Ready

☒ Walk In

☐ Mail Out

Name

Availability _____

Document

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☐ Amendment

☐ Dissolution/Withdrawal

☐ Reinstatement

☐ Annual Report

☐ Name Registration

☐ Fictitious Name

☐ Photocopies

☐ Call If Problem

☐ Will Wait

KM

4/21/2016

☐ Merger

☐ Mark

☐ Other

☐ UCC

☐ CUS

☐ After 4:30

☒ Pick Up

Order#:

9972870

Ref#:

Amount: \$

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 5900 Broken Sound, LLC
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:

Sara M. Watson
Name of Person
Katten Muchin Rosenman LLP
Firm/Company
525 W. Monroe St.
Address
Chicago, IL 60661
City/State and Zip Code
sara.watson@kattenlaw.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sara M. Watson 312 577-8501
Name of Person at (Area Code) Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

5900 Broken Sound, LLC

(Must end with the words "Limited Liability Company," "LLC," or "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:

5900 Broken Sound Parkway NW
Boca Raton, FL 33487

Mailing Address:

5900 Broken Sound Parkway NW
Boca Raton, FL 33487

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:

CT Corporation System

Name

1200 South Pine Island Rd.

Florida street address (P.O. Box **NOT** acceptable)

<u>Plantation</u>	<u>FL</u>	<u>33324</u>
City	State	Zip

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.

By:

CT Corporation System

Registered Agent's Signature (REQUIRED)

Katherine Lackey - Asst. Secretary

(CONTINUED)

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TALLAHASSEE, FLORIDA

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

Dennis P. Lynde

5900 Broken Sound Parkway NW

Boca Raton, FL 33487

MGR

Cornel Williams

5900 Broken Sound Parkway NW

Boca Raton, FL 33487

(Use attachment if necessary)

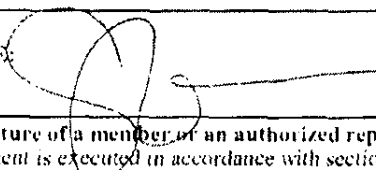
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes
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.

Sara M. Watson, Authorized Representative

Typed or printed name of signer

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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TALLAHASSEE, FLORIDA