

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.

(((H16000139198 3)))



H160001391983ABC5

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

	Division of Corporations				
	Fax Number	: (850)617-6381			
From:					
	Account Name	: LAZARUS CORPORATE FILING SERVICE, INC.			
	Account Number	: 12000000019			
	Phone	; (305)552-5973			
	Fax Number	: (305)675-5944			

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. THE BRITISH GARDEN LLC

П	4: 38 ∪.4.1E ∪.8.0Å	Certificate of Status Certified Copy	0	<u></u>
		Page Count	03	
Lis	-7	Estimated Charge	\$130.00	
U.j				14 - 50 (2) (2) (2) (2) (2) (2) (2) (2) (2) (2) (2) (2) (2)
<u> </u>	9			
r	·····	анан тараа ал ан	มากรายางเพราะการสาร (ค.ศ. 1976) 	

Electronic Filing Menu Corporate Filing Menu

LAZARUS

H16000139198

5

LhC

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

SRITISH

ARTICLE I - Name:

The hame of the Limited Liability Company is: (Must and with the words "Limited Liability Company, "L.L.C." or "LLC.")

ARTICLE II - Address:

IHE

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



GARDEN

ARTICLE III - Registered Agent, Registered Office:

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



ARTICLE IV-

. -.

. 4

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



H16000139198

H16000139198

Required Signatures:



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.

CHRISTOPHER MICHAEL DAVEY Typed or printed name of signee

Having been named as registered agent and to accept service of process for the above stated limited hability 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..

ØX

Registered Agent's Signature (REQUIRED)

- NOS O MH 8:

Page 2 of 2

H16000139198