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#### **COVER LETTER**

	gistration Section vision of Corporations
CUDICT	AGF Manager, LLC
SUBJECT:	Name of Limited Liability Company
The enclose	d Articles of Organization and fee(s) are submitted for filing.
Please retur	n all correspondence concerning this matter to the following:
	Jennifer E. Zakin, Esq.
	Name of Person
	Redgrave & Rosenthal LLP
	Firm/Company
	120 E. Palmetto Park Road, Suite 400
	Address
	Boca Raton, Florida 33432
j	City/State and Zip Code zakin@redgraveandrosenthal.com
<del></del>	E-mail address: (to be used for future annual report notification)
For further in	formation concerning this matter, please call:
	Jennifer E. Zakin, Esq. 561 347-1700
•	Name of Person Area Code Daytime Telephone Number
Enclosed is	a check for the following amount:
\$125.00 Fi	ling Fee \$\ \text{S130.00 Filing Fee & Certificate of Status} \ \text{Certified Copy (additional copy is enclosed)} \ Certified Copy (additional copy

## 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

The name of the Limited Liabilit	y company is.				
AGF Manager, LLC  (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")					
(Must one	with the words Ellinte	u Liabinty Comp	any, E.E.C., or EEC.		
ARTICLE II - Address: The mailing address and street ad	idress of the principal of	office of the Limit	ted Liability Company is:		
Principal Office Address:			Mailing Address:		
17341 Bridleway Tra			7341 Bridleway Trail		_
Boca Raton, Florida	33496	<u>B</u>	oca Raton, Florida 33496		_
The name and the Florida street a	Jennifer E. Zakin, E.  120 E. Palmetto Parl Florida street address	sq. Name k Road, Suite 400		LLAHASSEEVELORIO	2016 AUG 22 PH 4: 28
	City	State	Zip		
Having been named as registered a place designated in this certificate, further agree to comply with the pr am familiar with and accept the ob	I hereby accept the app ovisions of all statutes r ligations of my position	pointment as regis relating to the proj as registered age	tered agent and agree to ac per and complete performa nt as provided for in Chapt nature (REQUIRED)	ct in this capacity nce of my duties,	$\epsilon I$

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# ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: "AMBR" = Authorized Member "MGR" = Manager MGR Arlene Fried 17341 Bridleway Trail Boca Raton, Florida 33496 Andrew R. Weiss MGR 2498 Poinciana Drive Weston, Florida 33327 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: (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.

**REOUIRED 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.

Arlene Fried

Typed or printed name of signee

#### 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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