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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850)617-6381

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## FLORIDA LIMITED LIABILITY CO. 211 CENTURY PARK, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

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## ARTICLES OF ORGANIZATION FOR FLORIDA LILIMITED HABILITY COMPANY

ARTICLE 1 - Name:

211 CENTURY PARK, LLC

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

1424 NW 159™ AVE

1424 NW 159TH AVE

PEMBROKE PINES, FL 33028

PEMBROKE PINES, FL. 33028

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:

LEO J FINOL

Name

## 1424 NW 159TH AVE

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

PEMBROKE PINES

EL

33028

Cltv

State

Zlp

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 abiligations of my position of registering to the chapter 605, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV -

SECRETARY OF STATE ALLAHASSEE, FLORIDA

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

<u>Title:</u>

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

**AMBR** 

LEO J FINOL

1424 NW 159TH AVE

PEMBROKE PINES, FL. 33028

(Use attachment if necessary)

ARTICLE VI: Other provisions, if any

REQUIRED SIGNAT

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.