Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

__Email Address:

Account Name : TRIAD PROFESSIONAL SERVICES

Account Number : T20160000008 Phone : (850)777-2091 Fax Number : (770)220-1943

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

FLORIDA LIMITED LIABILITY CO. 5400 EAST HOLDINGS LLC

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Page Count	03
Estimated Charge	\$155.00

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COVER LETTER

	New Filing Section Division of Corporations				
SIID IT	5400 EAST HOLDINGS LLC				
SUBJECT:Name of Limited Liability Company					
The engle	osed Articles of Organization and fee(s) are submitte	d for fiting.		
Please re	turn all correspondence concerning thi	is matter to the	following:		
	Sharor, K. Gtay				
	· · · · · · · · · · · · · · · · · · ·	Name o	f Person		
Triad Professional Services					
	Firm/Company				
	1720 Windward Concourse, Ste. 390				
	Address				
	Alpharetta, GA 30005				
		City/State a	nd Zip Code		
	E-mail address: (to be a	ised for future	annual report notification)	;	
For further	information concerning this matter, pl	lease call:	ପ୍ର ପ୍ର	Fig. 7	
	Sharon K. Gray	770	777-2091	· 20 1	
	Name of Person	Area Code	Daytime Telephone Number	20 24 5: 13	
Enclosed	is a check for the following amount:		,		
\$125.001	Filing Fee S130.00 Filing Fee & Certificate of Status	Certif	00 Filing Fee & S160.00 Filing lied Copy Certificate of St all copy is enclosed) Certified Copy (additional copy is	Fee; stus &	
	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 Tailahassee, FL 32301		

ARTICLES OF ORGANIZATION

FOR

FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - NAME:

The name of the Limited Liability Company is: 5400 East Holdings LLC

ARTICLE II - ADDRESS:

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

Principal Office Address: 810 Andrews Avenue

Delray Beach, Florida 33483

Mailing Address:

810 Andrews Avenue Delray Beach, Florida 33483

ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT'S SIGNATURE

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

Clint J. Gage, Esq.
Dickinson Wright PLLC
350 East Las Olas Boulevard, Suite 1750
Fort Lauderdale, Florida 33301

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 objections of my poettion as registered agent as provided for in Chapter 605, F.S.

Registered Agent's Signa

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

Shawn Leon, MGR 810 Andrews Avenue Delray Beach, Florida 33483

REQUIRED SIGNATURE:

Signature of a member or an authorized refresentative 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.

Typed or printed name of signer