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COVER LETTER

TO: New Filing S Division of C	Section Corporations			
Landdo	w Associates, LLC.			
30bile1.	Name of Lir	mited Liabilit	y Company	
The enclosed Articles	of Organization and fee(s) ar	re submitted f	or filing.	
Please return all corre	spondence concerning this ma	atter to the fo	llowing:	
Russeil D	. Kaplan, Esq.			
		Name of F	Person	·
Russell D	. Kaplan, P.A.			
		Firm/Con	npany	
7951 SW	6th Street, Suite 210			
		Addres	SS	
Plantation	i, FL 33324			
russk@rdk		City/State and	Zip Code	
	E-mail address: (to be used	l for future an	nual report notification	on)
For further information	concerning this matter, please	e call:		
Nicole Me	•	54	763-7777	
N	ame of Person A	rea Code	Daytime Telephone	Number
Enclosed is a check fo	the following amount:			
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certified		S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
New Divi P.O	ling Address Filing Section sion of Corporations Box 6327 ahassee, FL 32314	N D C 2	treet Address lew Filing Section Division of Corporatio Elifton Building 661 Executive Center Callahassee, FL 32301	· Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:				
The name of the Limited Liabi	Itity Company is:			
Landdow Associat	es. LLC			
	ntain the words "Limited L	iability Compa	ny, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street	addrage of the principal of	Tion of the Limi	inal Liability Community	
The maning address and street	address of the principal of	nce of the Linn	ned Liability Company is:	
Princ	ipal Office Address:		Mailing Address:	
7951 SW 6th Stree	Suite 210	7	951 SW 6th Street, Suite 210	
Plantation, FL 333			Plantation, FL 33324	
ARTICLE III - Registered A	cont. Danistanad Office 6	2. Domintoward 4		
(The Limited Liability Compa	gent, Registered Office, a ny cannot serve as its own I	k Registered Agei Registered Agei	igent 8 Signature: nt. You must designate an individual	or
another business entity with a			v ou wax designate an marvidad	O,
The name and the Florida street	et address of the registered	agent are:		
	Russell D. Kaplan, Es	.a.		
		Name		
	7951 SW 6th Street, S			
	Florida street address	(P.O. Box <u>NO</u>	T acceptable)	
	Plantation	FL	33324	
	City	State	Zip	
	,		·	
Having been named as registered	d agent and to accept servic	e of process for	the above stated limited liability com	pany at the
			stered agent and agree to act in this coper and complete performance of my	
uniter agree to comply with the i	phovisions of my position a	Travistered ave	per and complete personmance of my an as provided for in Chapter 605, F.	S.,
J		1 //	//	
		1 // /		
		<u> </u>	(1)(0)(1)(1)(1)	
	Kegiste	rea Agent's Sig	nature (REQUIRED)	
	!/	(CONTINUE)	D)	
	*			

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
AMBR	Elise L. Dunkin
	7951 SW 6th Street, Suite 210
•	Plantation, FL 33324
	<u> </u>
	
	-
(Use attachment if necessary)	
ective date is listed, the date must be s	te of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90 d
ective date is listed, the date must be so of filing.) The date inserted in this block does not ment's effective date on the Department.	specific and cannot be more than five business days prior to or 90 d meet the applicable statutory filing requirements, this date will not b
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ARTICLE IV-