Division of Corporations

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Division of Corporations

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Division of Corporations

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.

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To:

Division of Corporations

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Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

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

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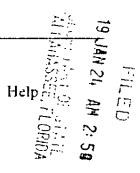
FLORIDA LIMITED LIABILITY CO.

Lynx Zuckerman at Palm Beach I, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu



AKTICLES OF ORGANIZATION FOR FLORIDA LIMITIFID LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Lynx Zuckerman at Palm Beach I, LLC	W. I. O. II. W. I. O. II.
(Must contain the words "Limited Liability C	Jompany, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the	e.Limited Liability Company is:
Principal Office Address:	Mailing Address:
2255 Glades Road, Suite 324A	225 Glades Road, Suite 324A
Boca Raton, Florida 33431	Boca Raton, Florida 33431
Attn: Matthew H. Maschler, Esq.	Attn: Matthew H. Mascaler, Esq.
ARTICLE III - Registered Agent, Registered Office, & Registe (The Limited Liability Company cannot serve as its own Registere another business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent are	:
NRAI Services, Inc.	
Name	

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 obligations of my position as registered agent as provided for in Chapter 603, F.S..

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

State

1200 South Pine Island Road

City

Plantation

Registered Agent's Signature (REQUIRED)

Zip

(CONTINUED)

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	Lynx Zuckerman Holding Company, LLC
	2255 Glades Road, Suite 324A
	Boca Raton, FL 33431
	
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(Use attachment if necessary)	
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