Division of Corporations Electronic Filing Cover Sheet

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To:			<u> </u>
	Division of Co	rporations	=
	Fax Number	: (850)617-6381	AON
From:			ျ
	Account Name	: LAZARUS CORPORATE FILING SERVICE, IN:.	
	Account Number	: I20000000019	<u> </u>
	Phone	: (305)552-5973	
	Fax Number	: (305)675-5944	Õ
			(La)
ann	ual report maili	s for this business entity to be used for future ings. Enter only one email address please.**	
EMA	il Address:		

FLORIDA LIMITED LIABILITY CO. 3002 48TH ST W, LLC

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A TO Com	and description of	OK LITOKITA LIMI	TED LIABILITY COMPANY		
ARTICLE I - Name:				•	
The name of the Limited 1	Liability Company is:				
3002 48th ST	W. LLC				
(Mus	et contain the words "Limit	ed Linhilin. Co.			
4 D.M	Dulin	od Chaolitty Compa	ny, "L.L.C.," or "L.L.C.")		
ARTICLE II - Address:					
ine maining address and st	reet address of the principa	al office of the Limi	ted Liability Company is:		
	incipal Office Address:				
5041 Mahoean	v Ridge Deige		Mailing Addres:		
5041 Mahogany Ridge Drive Naples, FL 34119 5041 Mahogany Ridge Drive					
		<u>N</u>	aples, FL 34119		
nother business entity with	d Agent, Registered Office pany cannot serve as its or han active Florida registrate treet address of the register	tion.)	tent's Signature: L. You must designate an individual or	40H 61	
NJ LAW PLIC					
Name . 3411 Tamiami Trail N. Stc. 100					
	341! Tamiami Tra Florida street addr	il N. Ste. 100 ess (P.O. Box <u>NOT</u>	acceptable)	AH 9a	
	3411 Tamismi Tra Florida street addr Naples	il N. Stc. 100 css (P.O. Box NOT FL.		(*	
	Florida street addr	ess (P.O. Box NOT	acceptable) 34103 Zip	1	

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 605, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

88

		authorized to manage and control the Limited Liability Company:			
	Citie:	Name and Address:			
	AMBR" = Authorized Member MGR" = Manager				
ľ	MGR	Dal. des es			
		Roland H. Bandinel			
		5041 Mahogany Ridge Drive			
		Naples, FL 34119			
_					
_					
	•				
. بىر					
(U	se attachment if necessary)				
ARTICLE	V: Effective date, if other than the dative date is listed, the date must be	te of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90 days after			
be date of f	ding)	specific and cannot be more than five business days prior to or 90 days after			
Note: If the	e date inserted in this block does not	meet the applicable statutory filing requirements, this date will not be listed as			
he docume	nt's effective date on the Departmen	it of State's records.			
	VI: Other provisions, if any,				
This is a ma	mager managed company. Any man	none mandalla anno anti-			
	The managed courpany. Any man	ager may take any action without consent of the men bers.			
	Miiden otoni cerim —				
RE	<u>COUIRED</u> SIGNATURE:				
RE	OMRED SIGNATURE:	RL1 AD/1			
RE	<u></u>	RLI # RLI			
RE	Signature of a m	nett her or en nethanism I			
RF	Signature of a m This document is execu	nember or an authorized representative of a member.			
RE	Signature of a m This document is executed a may be seen that any fall	nember or an authorized representative of a member. uted in accordance with section 605:0203 (1) (b), Florida Statutes.			
RE	Signature of a m This document is exect I am aware that any fall constitutes a third degree	number or an authorized representative of a member. uted in accordance with section 605:0203 (1) (b), Florida Statutes, se information submitted in a document to the Department of State ee felony as provided for in s.817.155, F.S.			
RE	Signature of a m This document is exect I am aware that any fall constitutes a third degree	nember or an authorized representative of a member. uted in accordance with section 605:0203 (1) (b), Florida Statutes.			

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)