# Florida Department of State Division Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : M. BURR KEIM COMPANY

Account Number : I19990000242 Phone : (215)563-8113

Fax Number : (215)977-9386

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

Email Address:\_\_\_\_\_

20 MAR - 3 PM 3: 4:

## FLORIDA LIMITED LIABILITY CO. TUSCANY 07 LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

AR -3 AMII: 3



To:

(((H200000712033)))

ARTICLESOF	ORGANIZATION FOR	RFLORIDA LIMI	TED I JABILITY COMPANY
ARTICLE I - Name:			
The name of the Limited Liabilit	y Company is		
TUSCANY 07 LLC			
(Must cona	tin the words "Limited	Liability Compa	any, "L 1. C ," or "LLC ")
ARTICLE II - Address:			
The mailing address and street ac	ddress of the principal	office of the Lin	nited Liability Company is:
Princip	al Office Address:		Mailing Address:
5223 Deerhurst Creso	ent Circle		5223 Deerhurst Crescent Circle
Boca Raton, FL 3348	6		Boca Raton, FL 33486
	<del></del>	<del></del> -	·····
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a	cannot serve as its ow	n Registered Ag	Agent's Signature: ent You must designate an individual or
The name and the Florida street	address of the registere	ed agent are	
	W Bradley Munroe	, Esquire	
		Name	
	239 East Virginia S	treet	
	Florida street addre	ss (PO Box <u>NC</u>	<u>)T</u> acceptable)
	Tallahassee	FL	32301
	City	State	7 <sub>in</sub>

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.

(CONTINUED)

ARTICLE IV-

To:

### (((H200000712033)))

# 4 3 4 D D =		Name and Address:		
"AMBK" =	- Authorized Member			
"MGR" = 1	Manager			
AMDD	•	David Sabag		
MINIBIN	AMBR	David Sabag 5223 Deerhurst Crescent Circle		
		Boca Raton. FL 33486		
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## Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

Donald J. Hart, Jr.. Authorized Representative

Typed or printed name of signee

\$ 5.00 Certificate of Status (Optional)