

L21 000468393

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 617-6381

From: Account Name : CAPITOL SERVICES, INC.
Account Number : 120160000017
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Fax Number : (800) 432-3622

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

Email Address: _____

FLORIDA LIMITED LIABILITY CO.
DADELAND JL MANAGEMENT, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

H21000402303

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: DADELAND JL MANAGEMENT, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JAY KOENIGSBERG

Name of Person

CARLTON FIELDS, P.A.

Firm/Company

700 NW 1ST AVENUE, SUITE 1200

Address

MIAMI, FLORIDA 33136

City/State and Zip Code

JKOENIGSBERG@CARLTONFIELDS.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JAY KOENIGSBERG 305 539-7333
at ()
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|---|---|---|

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

TALLAHASSEE, FL

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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ARTICLE I - Name:

The name of the Limited Liability Company is:

DADELAND JL MANAGEMENT, LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:4601 PONCE DE LEON BOULEVARD
SUITE 300
CORAL GABLES, FLORIDA 33146Mailing Address:4601 PONCE DE LEON BOULEVARD
SUITE 300
CORAL GABLES, FLORIDA 33146

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

ROBERT G. BERRIN

Name

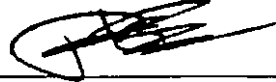
4601 PONCE DE LEON BOULEVARD, SUITE 300Florida street address (P.O. Box **NOT** acceptable)CORAL GABLESFLORIDA33146

City

State

Zip

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)

TALLAHASSEE, FL

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ARTICLE IV-

Title:

"AMBR" = Authorized Member

MGR

ROBERT G. BERRIN

MGR

ISAAC K. FISHER

ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL)

REQUIRED SIGNATURE:

Signature of a member or an authorized representative 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.

ROBERT G. BERRIN, MANAGER

Typed or printed name of signee

Filing Fee:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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