

1201 HAYS STREET
TALLAHASSEE, FL 32301
904-203-0391

800-342-8086



ACCOUNT NO. : 072100000032

REFERENCE : 597344 81686A

AUTHORIZATION :

COST LIMIT : 9 PPD

ORDER DATE : May 11, 1995

ORDER TIME : 10:42 AM

ORDER NO. : 597344

CUSTOMER NO: 81686A

CUSTOMER: Mercedes Padin, Esq

EFFECTIVE DATE

MAY - 9 1995

DOMESTIC FILING

NAME: SUMMERBROOK WEST, L.C.

RECEIVED
55 MAY 11 PM 11:45
DIVISION OF CORPORATIONS

100001491011
-05/17/95--01071--005
****337.50 ****337.50

XX ARTICLES OF INCORPORATION
____ CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
____ PLAIN STAMPED COPY
____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sebrene Randolph

EXAMINER'S INITIALS: _____

FILED
95 MAY 11 PM 3:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. BROWN MAY 11 1995

ARTICLES OF ORGANIZATION
OF
SUMMERBROOK WEST, L.C.,
a limited liability company

FILED
95 MAY 11 PM 3:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Each undersigned individual, being either a member or the authorized representative of a member, hereby presents these Articles of Organization to the Secretary of State of the State of Florida for the formation of a limited liability company under the laws of the State of Florida.

EFFECTIVE DATE

ARTICLE I.

The name of the limited liability company is Summerbrook West, L.C.

MAY - 9 1995

ARTICLE II.

1. This limited liability company is to exist until December 31, 2025.
2. The existence of this limited liability company shall commence on the date these Articles are executed.

ARTICLE III.

The name of the initial registered agent and the street address of the initial registered office are as follows:

Registered Agent

Key Corporate Services, Inc.

Address of Registered Office

200 South Biscayne Boulevard
20th Floor
Miami, Florida 33131

ARTICLE IV.

The initial Operating Agreement shall be adopted by the Members. Thereafter, the power to alter, amend, or repeal the Operating Agreement shall be vested in the members of the limited liability company in the manner set forth in the Operating Agreement.

ARTICLE V.

The Operating Agreement of this limited liability company contains provisions regarding:

1. The rights of the members to admit additional members and the terms and conditions of the admissions;
2. The rights of the remaining members of this limited liability company to continue the business of this limited liability company on the death, retirement, resignation, expulsion, bankruptcy or dissolution of a member, and any other event which terminates the continued membership of a member in this limited liability company.

ARTICLE VI.

The mailing address and the street address of the principal office of this limited liability company shall be as follows:

Street Address

9200 South Dadeland Boulevard
Suite 609
Miami, Florida 33156

Mailing Address

9200 South Dadeland Boulevard
Suite 609
Miami, Florida 33156

ARTICLE VII.

The business of this limited liability company is to be managed by the Members. The name and street address of the Managing Members are as follows:

Name

Equityline Financial Group, Inc.

Street Address

9200 South Dadeland Boulevard
Suite 609
Miami, Florida 33156

CAPITAL HOLDING LLC, a
Connecticut Limited
Liability Company
d/b/a Capital Holding
of Connecticut, L.C.

85 Buckingham Street
Hartford, Connecticut 06106

IN WITNESS WHEREOF, each individual has hereunto executed these Articles of Organization this 2nd
day of May 1995, at Miami, Florida.

Equityline Financial Group, Inc.

By: 

Edgar Lewis, Authorized Representative

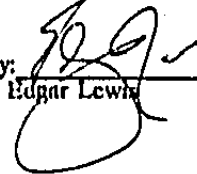

CAPITAL HOLDING LLC

By: 

Edgar Lewis, Authorized Representative

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE-STATED LIMITED LIABILITY COMPANY, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, THE UNDERSIGNED AGREES TO ACT IN THIS CAPACITY, AND FURTHER AGREES TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF HIS DUTIES.

KEY CORPORATE SERVICES, INC.

By:   5/9/95
Edgar Lewis Date

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS
OF
SUMMERBROOK WEST, L.C.

STATE OF FLORIDA)
) ss:
COUNTY OF DADE)

BEFORE ME, the undersigned, personally appeared ROBERT E. SPIELMAN who, upon being duly sworn, certified as follows:

1. Robert E. Spielman is the authorized representative for Equityline Financial Group, Inc., a Florida corporation (the "Corporation") and for Capital Holding L.C. a Connecticut limited liability company d/b/a Capital Holding of Connecticut, L.C., each of which is a member of Summerbrook West, L.C.

2. Summerbrook West, L.C. is a limited liability company which has at least two (2) members;

3. The amount of cash to be contributed by all of the members is \$ 7,500.00 ;

4. A description and agreed upon value of property contributed by the members is as follows:

Description

Agreed Upon Value

None

None

5. No additional cash to be contributed by any of the members.

6. A description and agreed upon value of additional property to be contributed by the members is as follows:

Description

Agreed Upon Value

None

None

FURTHER AFFIANT SAYETH NOT.

Under penalties of perjury, I declare that I have read the foregoing and that the facts alleged are true to the best of my knowledge and belief.

Equityline Financial Group, Inc.

Date: May 2, 1995

By: [Signature] (SEAL)
Robert E. Spielman, President

STATE OF FLORIDA)

COUNTY OF DADE)

ss:

The foregoing instrument was acknowledged before me this 9th day of May, 1995, by Robert E. Spielman as representative of Equityline Financial Group, Inc. and Capital Holding LLC, a Connecticut limited liability company d/b/a Capital Holding of Connecticut, L.C. on behalf of the corporation and limited liability company. He is (check one) ☒ personally known to me or ☐ has produced a _____ as identification.



(Signature of Person Taking Acknowledgment)

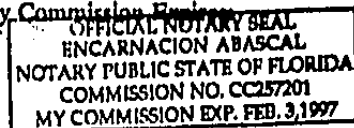
(Name of Acknowledger Typed, Printed or Stamped)

(Title or Rank)

(Serial Number, if any)

Notary Public, State of Florida

My Commission Expires



1201 HAYS STREET
TALLAHASSEE, FL 32301

800-342-8086

L95000000360

CSC networks
PREFERRED
LEGAL & FINANCIAL SERVICES

ACCOUNT NO. : 072100000032

REFERENCE : 678379 81686A

AUTHORIZATION : *Patricia Pyzalski*

COST LIMIT : \$ 52.50

ORDER DATE : September 12, 1995

ORDER TIME : 9:45 AM

ORDER NO. : 678379

CUSTOMER NO: 81686A

800001582518

CUSTOMER: Mercedes Padin, Esq
Keith Mack Lewis Cohen &
20th Floor
200 South Biscayne Boulevard
Miami, FL 33131

DOMESTIC AMENDMENT FILING

NAME: SUMMERBROOK WEST, L.C.

FILED
SEP 12 PM 2:07
SECRETARY OF STATE
TALLAHASSEE FLORIDA

☒ ARTICLES OF AMENDMENT
☐ RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY
☒ PLAIN STAMPED COPY
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Carol M. Hensal

EXAMINER'S INITIALS

9/12
OK per sp.
Amend
Decreasing contributions

AMENDMENT TO ARTICLES OF ORGANIZATION OF
SUMMERBROOK WEST, L.C.

FILED
55 SEP 12 PM 2:00
SECRETARY OF STATE
TALLAHASSEE FLORIDA

The undersigned, being the Members of SUMMERBROOK WEST, L.C., a Florida limited liability company, (the "Company") hereby amend the Company's Articles of Organization to correct the amount of the Initial Capital Contribution by each member described in the original Articles of Organization. The correct amount of such Initial Capital Contribution is \$50.00 for each member, for a total of \$100.00.

In Witness Whereof, the undersigned have signed this Amendment as of this 21st day of May, 1995.

originally filed
May 11, 1995 and
effective May 9,
1995,

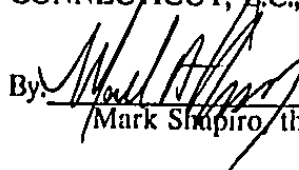
EQUITYLINE FINANCIAL GROUP, INC., a
Florida corporation, a member

By:


Robert E. Spielman, President

CAPITAL HOLDING LLC, a Connecticut limited
liability company d/b/a CAPITAL HOLDING OF
CONNECTICUT, L.C., a member

By:


Mark Shapiro, the managing member

(Acknowledgements appears on following page)

STATE OF FLORIDA)
)ss
COUNTY OF DADE)

The foregoing instrument was acknowledged before me this 5th day of June, 1995, by ROBERT E. SPIELMAN, as President of EquityLine Financial Group, Inc., a Florida corporation, one of the members of SUMMERBROOK WEST, L.C., a Florida limited liability company, on behalf of the corporation and the limited liability company. He is (check one) ☒ personally known to me or ☐ has produced a _____ as identification.

Maria E. Vizcaino
(Signature of Person Taking Acknowledgment)
OFFICIAL NOTARY SEAL
MARIA E. VIZCAINO
NOTARY PUBLIC STATE OF FLORIDA
(Name of Acknowledger Typed, Printed or Stamped)
MY COMMISSION EXPIRES DEC. 13, 1998 (Title or Rank)

(Serial Number, if any)

Notary Public, State of Florida

My Commission Expires:

STATE OF FLORIDA)
)ss
COUNTY OF DADE)

The foregoing instrument was acknowledged before me this 8th day of August, 1995, by MARK SHAPIRO, as managing member of CAPITAL HOLDING LLC, a Connecticut limited liability company, d/b/a Capital Holding of Connecticut, the other member of SUMMERBROOK WEST, L.C., a Florida limited liability company, on behalf of the limited liability companies. He is (check one) ☒ personally known to me or ☐ has produced a _____ as identification.

Stacey H. Kroll
(Signature of Person Taking Acknowledgment)
STACEY H. KROLL
(Name of Acknowledger Typed, Printed or Stamped)
Commissioner of Sup. Ct. (Title or Rank)

(Serial Number, if any)

Notary Public, State of Florida

My Commission Expires:

2nd NOTICE:

Limited Liability Company Will Be Dissolved On Or
After August 21, 1996. If Dissolved, Minimum Amount
Due To Reinstato: \$738.75

FILED

36 JUN -6 PM 12: 06

SECRETARY OF STATE
TALLAHASSEE, FLORIDALIMITED LIABILITY COMPANY
ANNUAL REPORT
1996FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS**FILING FEE**
\$ 203.75
Annual Report \$100.00 + \$138.75 Corporation Supplemental Fee + \$25.00 LATE FEE
Make Check Payable To: FLORIDA DEPARTMENT OF STATE1. Name and Mailing Address
of Limited Liability Company**DOCUMENT #** L95000000360SUMMERBROOK WEST, L.C.
9200 S. DADELAND BLVD.
~~SUITE 609~~
MIAMI FL 33156

1a. Principal Place of Business Address

9200 S. DADELAND BLVD.
~~SUITE 609~~
MIAMI FL 33156

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a

2. Principal Place of Business

9200 S. DADELAND BLVD.

Suite, Apt. #, etc.

SUITE 500 nn

City & State

MIAMI FL

Zip

33156

Country

USA

2a. Mailing Address

9200 S. DADELAND BLVD.

Suite, Apt. #, etc.

SUITE 500

City & State

MIAMI FL

Zip

33156

Country

USA

3. Date Organized or Qualified

05/09/1995

3a. State of Formation

FL

4. FET Number

58-2181321

☐ Applied For☐ Not Applicable

5. Date of Last Report

8. Certificate of Status Desired

☐ \$5.75 Additional Fee Required

7. Name and Address of Current Registered Agent

KEY CORPORATE SERVIC, ES INC.
200 S. BISCAYNE BLVD.
20TH FLOOR
MIAMI FL 33131

8. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

400001880414

-05/12/96--01120--009

****263.75****263.75

FL

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE

(The Shared Agent Accepting Appointment) (If the Shared Agent is not the registered agent, the signature of the registered agent is required)

DATE

10. Title

Managing Members/Managers

Business Street Address

City, State and Zip Code

MGRM EQUITYLINE FINANCIAL G 9200 S. DADELAND BLVD., SU MIAMI FL

NGRM CAPITAL HOLDING LLC, 85 BUCKINGHAM STREET HARTFORD CT

11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10. or on an attachment with an address.

SIGNATURE:

ROBERT E. SPIELMAN

6/4/96

(305)670-9700