

# L 950000000962

## CAPITAL CONNECTION, INC.

417 E. Virginia St., Suite 1, Tallahassee, FL 32301, (904)224-8870  
Mailing Address: Post Office Box 10349, Tallahassee, FL 32302  
TOLL FREE No. 1-800-342-8062  
FAX (904) 222-1222

NAME \_\_\_\_\_  
FIRM \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
\_\_\_\_\_

PHONE ( ) \_\_\_\_\_

Service: Top Priority \_\_\_\_\_ Regular \_\_\_\_\_  
One Day Service Two Day Service

To us via \_\_\_\_\_ Return via \_\_\_\_\_

Matter No.: \_\_\_\_\_ Express Mail No. \_\_\_\_\_

State Fee \$ \_\_\_\_\_ Our \$ \_\_\_\_\_

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 DEC 12 AM 10:08

AL DEC 12 1995

REQUEST TAKEN CONFIRMED APPROVED

DATE \_\_\_\_\_

TIME 12 CK No. \_\_\_\_\_

BY AC \_\_\_\_\_

WALK-IN  
Will Pick Up 12/12 12:00

RE: IDEN FAMILY REALTY  
NO. 1, L.C.

	C.C. FEE.	DISBURSED
<input checked="" type="checkbox"/> Capital Express™		
<input checked="" type="checkbox"/> Art. of Inc. File <u>LLC</u>		
<input type="checkbox"/> Corp. Record Search		
<input type="checkbox"/> Ltd. Partnership File		
<input type="checkbox"/> Foreign Corp. File		
<input type="checkbox"/> ( ) Cert. Copy(s)		
<input type="checkbox"/> Art. of Amend. File		
<input type="checkbox"/> Dissolution/Withdrawal		
<input type="checkbox"/> C U S-		
<input type="checkbox"/> Fictitious Name File		
<input type="checkbox"/> Name Reservation		
<input type="checkbox"/> Annual Report/Reinstatement		
<input type="checkbox"/> Reg. Agent Service		
<input type="checkbox"/> Document Filing		
<input type="checkbox"/> Corporate Kit		
<input type="checkbox"/> Vehicle Search		
<input type="checkbox"/> Driving Record		
<input type="checkbox"/> Document Retrieval		
<input type="checkbox"/> UCC 1 or 3 File		
<input type="checkbox"/> UCC 11 Search		
<input type="checkbox"/> UCC 11 Retrieval		
<input type="checkbox"/> File No.'s, _____ Copies		
<input type="checkbox"/> Courier Service		
<input type="checkbox"/> Shipping/Handling		
<input type="checkbox"/> Phone ( )		
<input type="checkbox"/> Top Priority		
<input type="checkbox"/> Express Mail Prep.		
<input type="checkbox"/> FAX ( ) pgs.		

### SUBTOTALS

FEE.....	\$
DISBURSED.....	\$
SURCHARGE.....	\$
TAX on corporate supplies.....	\$
SUBTOTAL.....	\$
PREPAID.....	\$
BALANCE DUE.....	\$
	\$

Please remit invoice number with payment  
TERMS: NET 10 DAYS FROM INVOICE DATE  
1 1/2% per month on Past Due Amounts  
Past 30 Days, 18% per Annum.

THANK YOU  
from  
Your Capital Connection

ARTICLES OF ORGANIZATION  
OF  
IDEN FAMILY REALTY NO. 1, L.C.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 DEC 12 AM 10:08

ARTICLE I

The name of the limited liability company formed hereby is IDEN FAMILY REALTY NO. 1, L.C.

ARTICLE II

The duration of the IDEN FAMILY REALTY NO. 1, L.C. shall be until December 31, 2025, unless sooner dissolved.

ARTICLE III

The mailing address and street address of IDEN FAMILY REALTY NO. 1, L.C. is:

Mitchell S. Iden  
7519 La Paz Blvd., Apt. 307C  
Boca Raton, Florida 33433

ARTICLE IV

The Registered Agent of IDEN FAMILY REALTY NO. 1, L.C. and his address in the State of Florida is:

Peter M. Brooke  
201 Alhambra Circle, Suite 1200  
Coral Gables, Florida 33134

ARTICLE V

The Members may admit additional Members with the approval of the Managing Member and of a majority of the Members, on such terms and conditions as may be approved by the Managing Member, a majority of the Members and the additional Member to be admitted.

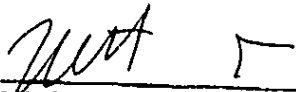
ARTICLE VI

The remaining Members of IDEN FAMILY REALTY NO. 1, L.C. have the right to continue the business of IDEN FAMILY REALTY NO. 1, L.C. upon the death, retirement, resignation, expulsion, bankruptcy or dissolution of a Member or the occurrence of any other event which terminates the continued Membership of a Member in IDEN FAMILY REALTY NO. 1, L.C.

ARTICLE VII

IDEN FAMILY REALTY NO. 1, L.C. is to be managed by a Managing Member. The initial Managing Member to serve until his successor is elected and qualified is:

Mitchell S. Iden  
7519 La Paz Blvd., Apt. 307C  
Boca Raton, Florida 33433

  
\_\_\_\_\_  
Mitchell S. Iden

**AFFIDAVIT OF MEMBERSHIP  
AND CONTRIBUTIONS**

STATE OF NEW YORK    )  
                                  ) ss:  
COUNTY OF NEW YORK )

The undersigned, Mitchell S. Iden, Managing Member of IDEN FAMILY REALTY NO.

1., L.C. deposes and says:

1. The above-named limited liability company has at least two (2) Members.
2. The total amount of cash contributed by the Members is \$146,000.00.
3. The agreed value of property other than cash contributed by members is \$-0-.
4. The total amount of cash anticipated to be contributed by Members in the future is \$-0-.

  
\_\_\_\_\_  
Mitchell S. Iden, Managing Member

SWORN TO AND SUBSCRIBED before me this 8th day of December, 1995 by Mitchell S. Iden, ☒ who is personally known to me or ☐ who has produced \_\_\_\_\_ as identification.

  
\_\_\_\_\_  
Notary Public, STATE OF NEW YORK

Print Name: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

LINCOLN W. BRIGGS  
Notary Public - State of New York  
No. 60-458888  
Qualified in Westchester County  
Certificate Filed in New York County  
Commission Expires March 18, 1997

**CERTIFICATE OF DESIGNATION  
OF RESIDENT AGENT AND  
ACCEPTANCE OF DESIGNATION**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 DEC 12 AM 10:08

Pursuant to the provisions of Section 608.415, Florida Statutes, the undersigned limited liability company organized under the laws of the State of Florida, submits the following statement in designating its Registered Office and Registered Agent in the State of Florida:

1. The name of the limited liability company is IDEN FAMILY REALTY NO. 1, L.C.
2. The name and address of the Registered Agent and office is:

Peter M. Brooke  
201 Alhambra Circle, Suite 1200  
Coral Gables, Florida 33134

Having been named as Registered Agent and to accept service of process for the above-stated limited liability company at the place designated in the 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 am familiar with and accept the obligations of my position as Registered Agent.

IDEN FAMILY REALTY NO. 1, L.C.

By:   
Mitchell S. Iden, Managing Member

  
Peter M. Brooke, Registered Agent

Date: 12/11/, 1995

**FILE NOW: Fee after May 1, will be \$263.75**

LIMITED LIABILITY COMPANY  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILING FEE**  
**\$ 238.75**

Annual Report \$100.00 • \$138.75 Corporation Supplemental Fee

**Make Check Payable To: FLORIDA DEPARTMENT OF STATE**

1. Name and Mailing Address  
of Limited Liability Company

**DOCUMENT #L95000000962**

IDEN FAMILY REALTY NO. 1, L.C.  
7519 LA PAZ BLVD., APT. 307C  
BOCA RATON FL 33433

1a. Principal Place of Business Address

7519 LA PAZ BLVD., APT. 307C  
BOCA RATON FL 33433

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

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

3. Date Organized or Qualified

12/12/1995

3a. State of Formation

FL

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Date of Last Report

6. Certificate of Status Desired

☐ Not Applicable Fee Required

7. Name and Address of Current Registered Agent

BROOKE, PETER M  
201 ALHAMBRA CIRCLE, SUITE 1200  
CORAL GABLES FL 33134

8. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, etc.

City

200001749402

03/19/96--01086--017

\*\*\*\*238.75 \*\*\*\*238.75

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

DATE

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	IDEN, MITCHELL S	7519 LA PAZ BLVD., APT. 30	BOCA RATON FL

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

Mitchell S. Idem

758  
3/11/96