

**CAPITAL CONNECTION, INC.**

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32302  
(850) 222-6670 • 1-800-342-8062 • Fax (850) 222-1222

**L98000000214**

Fountains of Plantation, L.C.

500002435925--4

-02/20/98--01028--001  
\*\*\*\*\*337.50 \*\*\*\*\*337.50

**L98-214**

Name Availability	<i>JE</i>
Document Examiner	<i>JE</i>
Updater	<i>JE</i>
Updater Verifier	<i>JE</i>
Acknowledgement	<i>JE</i>
W. P. Verifier	<i>JE</i>



Signature \_\_\_\_\_

Requested by: *CD*

*2/20/98*

*11:00*

Name \_\_\_\_\_

Date \_\_\_\_\_

Time \_\_\_\_\_

Walk-In \_\_\_\_\_

Will Pick Up \_\_\_\_\_

- \_\_\_\_ Art of Inc. File \_\_\_\_\_
- \_\_\_\_ LTD Partnership File \_\_\_\_\_
- \_\_\_\_ Foreign Corp. File \_\_\_\_\_
- ☒ L.C. File Cert.
- \_\_\_\_ Fictitious Name File \_\_\_\_\_
- \_\_\_\_ Trade/Service Mark \_\_\_\_\_
- \_\_\_\_ Merger File \_\_\_\_\_
- \_\_\_\_ Art. of Amend. File \_\_\_\_\_
- \_\_\_\_ RA Resignation \_\_\_\_\_
- \_\_\_\_ Dissolution / Withdrawal \_\_\_\_\_
- \_\_\_\_ Annual Report / Reinstatement \_\_\_\_\_
- ☒ Cert. Copy \_\_\_\_\_
- \_\_\_\_ Photo Copy \_\_\_\_\_
- \_\_\_\_ Certificate of Good Standing \_\_\_\_\_
- \_\_\_\_ Certificate of Status \_\_\_\_\_
- \_\_\_\_ Certificate of Fictitious Name \_\_\_\_\_
- \_\_\_\_ Corp Record Search \_\_\_\_\_
- \_\_\_\_ Officer Search \_\_\_\_\_
- \_\_\_\_ Fictitious Search \_\_\_\_\_
- \_\_\_\_ Fictitious Owner Search \_\_\_\_\_
- \_\_\_\_ Vehicle Search \_\_\_\_\_
- \_\_\_\_ Driving Record \_\_\_\_\_
- \_\_\_\_ UCC 1 or 3 File \_\_\_\_\_
- \_\_\_\_ UCC 11 Search \_\_\_\_\_
- \_\_\_\_ UCC 11 Retrieval \_\_\_\_\_
- \_\_\_\_ Courier \_\_\_\_\_

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIABILITY  
COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**Fountains of Plantation, LC**

**ARTICLE II- Address:**

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

**333 41<sup>st</sup> Street, Suite 900, Miami Beach, Florida 33140**

**ARTICLE III - Duration:**

The period of duration for the Limited Liability Company shall be:

**Perpetual Existence**

**ARTICLE IV- Management:**

**(check and complete the appropriate statement)**

☐ The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

☒ The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

**Beno Investment Realty, Inc., a Florida corporation**

*333 41<sup>st</sup> Street, Suite 900  
Miami Beach, Fl. 33140*

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## AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

The undersigned member or authorized representative of a member of **Beno Investment Realty, Inc.** deposes and says:

- 1) the above named limited liability company has at least two members
- 2) the total amount of cash contributed by the member(s) is \$10,000.00
- 3) if any, the agreed value of property other than cash contributed by member(s) is \$ -0-  
A description of the property is attached and made a part hereto.
- 4) the amount of cash or property anticipated to be contributed by member(s) is \$ -0-
- 5) the total amount of 2, 3, and 4 is \$10,000.00

BENO INVESTMENT REALTY, INC., a Florida  
corporation

By: \_\_\_\_\_

*[Signature]* *Attorney-in-fact*

Signature of a member or authorized representative of a member.  
(In accordance with section 608.408(3), Florida Statutes, the  
execution of this affidavit constitutes an affirmation under the  
penalties of perjury that the facts stated herein are true.)

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**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: **Fountains of Plantation, LC**
2. The name and address of the registered agent and office is:

Jeffrey E. Levey, Esq.

(Name)

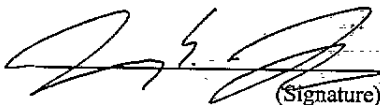
2665 South Bayshore Drive, Suite 1004

(P.O. Box NOT acceptable)

Coconut Grove, Florida 33133

(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.*

  
(Signature)

2/18/98

(Date)

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