

L98000001348

HOLLAND & KNIGHT

Requestor's Name

315 SOUTH CALHOUN STREET

Address

Tallahassee, Florida 32301

City/State/Zip

Phone #

224-7000

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. \_\_\_\_\_ (Corporation Name) (Document #)

2. \_\_\_\_\_ (Corporation Name) (Document #)

3. \_\_\_\_\_ (Corporation Name) (Document #)

4. \_\_\_\_\_ (Corporation Name) (Document #)

☐ Walk-in

☒ Pick up time 2:00

☒ Certified Copy

☐ Mail-out

☐ Will wait

☐ Photocopy

☐ Certificate of

NEW FILINGS	
<input type="checkbox"/>	Pratt
<input type="checkbox"/>	NonProfit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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-08/05/98--01023--024  
\*\*\*3375.00 \*\*\*337.50

BK 8/5/98  
1998-60540

Examiner's Initials

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
98 AUG -5 AM 11:32

RECEIVED  
98 AUG -5 AM 10:33  
DIVISION OF CORPORATION

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## **COLONIAL SQUARE INVESTORS, LLC**

### **ARTICLES OF ORGANIZATION**

The undersigned, being a duly authorized representative of a member, desiring to form a limited liability company under and pursuant to the Florida Limited Liability Company Act, Chapter 608, Florida Statutes, does hereby adopt the following Articles of Organization:

#### **ARTICLE I. NAME**

The name of the limited liability company is COLONIAL SQUARE INVESTORS, LLC (the "Company").

#### **ARTICLE II. ADDRESS**

The principal office and mailing address of the Company is:

701 Brickell Avenue, Suite 3000  
Miami, Florida 33131

#### **ARTICLE III. DURATION AND CONTINUATION**

The period of the Company's duration shall commence with the filing of these Articles of Organization with the Secretary of State, and shall continue perpetually, unless terminated (i) in accordance with the Company's Regulations, (ii) by the unanimous written agreement of all Members, (iii) by the death, retirement, resignation, expulsion, bankruptcy or dissolution of a Member, or (iv) upon the occurrence of any other event which terminates the continued membership of a Member. However, upon any such termination event, the existence and business of the Company may be continued with the consent of a majority of the remaining Members of the Company, or by amendment of these Articles of Organization providing for the continued existence of the Company.

#### **ARTICLE IV. PURPOSE**

The purpose for which the Company is being formed is to engage in any activity or business permitted under the laws of the United States and the State of Florida.

#### **ARTICLE V. REGISTERED AGENT AND OFFICE**

The Company designates 701 Brickell Avenue, Suite 3000, Miami, Florida 33131 as the street address of the initial registered office of the Company and names Intrastate Registered Agent Corporation the Company's initial registered agent at that address to accept service of process within this state.

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#### **ARTICLE VI. ADDITIONAL MEMBERS**

Additional Members may be admitted upon the approval of a majority of the Members of the Company, upon the written application of such new Member, in the manner set forth in the Regulations of the Company.

#### **ARTICLE VII. MANAGEMENT**

The Company shall be conducted, carried on, and managed by no less than one (1) Manager, who shall be elected annually by the Members of the Company in the manner prescribed by and provided in the Regulations of the Company. Such Manager(s) shall also have the rights and responsibilities described in the Regulations of the Company. The name and address of the initial Manager is as follows:

Allen de Olazarra                      c/o    701 Brickell Avenue  
   Suite 3000  
   Miami, Florida 33131

Such Manager shall serve in such capacity until the first annual meeting of the Members or until his successor is duly elected and qualified.

#### **ARTICLE VIII. REGULATIONS**

The power to adopt, alter, amend, or repeal the Regulations of the Company shall be vested in the Members of the Company.

IN WITNESS WHEREOF, the undersigned has hereunto set his hand and seal this 4th day of August, 1998.

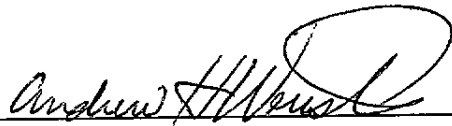
  
\_\_\_\_\_  
Stuart K. Hoffman  
Duly Authorized Representative of a Member

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### ACCEPTANCE OF REGISTERED AGENT

The undersigned agrees to act as registered agent for the Company named above, to accept service of process at the place designated in these Articles of Organization, and to comply with the provisions of Chapter 608, Florida Statutes, and acknowledge that I am familiar with, and accept, the obligations of such position.

INTRASTATE REGISTERED AGENT  
CORPORATION

  
\_\_\_\_\_  
Andrew H. Weinstein  
Vice President

Dated: 8-4-98

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## AFFIDAVIT

STATE OF FLORIDA

COUNTY OF DADE

I, Stuart K. Hoffman, a duly authorized representative of a member of COLONIAL SQUARE INVESTORS, LLC, being first duly sworn, deposes and says:


1. That I am a duly authorized representative of a member of the COLONIAL SQUARE INVESTORS, LLC, a Florida limited liability company (the "Company");
2. That the Company has at least one member;
3. That the member of the Company has contributed \$100.00 to the capital of the Company; and
4. That the member of the Company is expected to contribute no additional capital to the Company.
5. That the agreed value of property other than cash contributed by the member is \$0.

And further affiant sayeth not.

  
Stuart K. Hoffman

Duly Authorized Representative of a Member

The foregoing instrument was acknowledged before me this 4th day of August, 1998, by Stuart K. Hoffman who is personally known to me and who did take an oath.

  
Notary Public--State of Florida

Print Notary Name: Kim M. Lucas

My Commission Number is: 00590899

My Commission Expires: 10-6-00

MIA4-645038



Kim M. Lucas  
MY COMMISSION # 00590899 EXPIRES  
October 6, 2000  
BONDED THRU TROY FAIN INSURANCE, INC.