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Requestor's Name
660 East Jefferson Street

Address
Tallahassee, FL 32310 222-1092

City State Zip Phone

CORPORATION(S) NAME

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A/M Footwear Sangrass, L.L.C.

- ☐ Profit ☐ Amendment ☐ Merger
☐ NonProfit
☐ Foreign ☐ Dissolution/Withdrawal ☒ Limited Liability Company
☐ Limited Partnership ☐ Annual Report ☐ Other
☐ Reinstatement ☐ Name Registration ☐ Change of R.A.
☐ Fictitious Name ☐ UCC-1 Financing Statement ☐ UCC-3 Filing
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

A/M Footwear Sawgrass, L.L.C.

ARTICLE II - Address:

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

A/M Footwear Sawgrass, L.L.C.
The Oasis at Sawgrass Mills, Unit 1427
12801 W. Sunrise Blvd.
Sunrise, Florida 33323

ARTICLE III - Duration:

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

Perpetual

ARTICLE IV - Management:

(Check the appropriate box and complete the 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:

Managers: Arnold I. Klein
845 Michigan Avenue, Suite 907E
Chicago, IL 60611-2201

Antonio Sanchez
c/o Thomas W. Burton, Esq.
2424 S. E. Bristol Street
Suite 300
Newport Beach, CA 92660-0757

- ☐ 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:

ARTICLE V - Admission of Additional Members:

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be: A Member may transfer its interests to an entity wholly-owned or controlled by it. Any other transfer is not permitted and other new members will not be admitted without the unanimous consent of the Members, on the terms and conditions as determined by such Members.

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ARTICLE VI - Members Rights to Continue Business:

The right, if given, of the remaining members of the limited liability company to continue the business on 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 the limited liability company shall be:

The remaining Members (or Member) may continue the business of the limited liability company on 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 the limited liability company by paying fair value to such departed Member or its representative as determined by agreement of the Members.

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ARTICLE VII - Affidavit of Membership and Contributions

The undersigned member or authorized representative of a member of A/M Footwear
Sawgrass, L.L.C. certifies:

- 1) the above named limited liability company has at least one member;
- 2) the total amount of cash contributed by the member(s) is \$ 1,000 ;
- 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.); and
- 4) the total amount of cash and property contributed and anticipated to be contributed by member(s) is \$ 1,000 .


Signature of a member or an 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.)

Cornelius J. Tanis, agent and attorney

Typed or printed name of signer

Filing Fee: \$250.00 for Articles and Affidavit

**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 SUBMITS THE
FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND
REGISTERED AGENT IN THE STATE OF FLORIDA.

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1. The name of the limited liability company is: A/M Footwear Sawgrass, L.L.C.

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

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NAME

1200 South Pine Island Road

Florida street address (P. O. Box NOT ACCEPTABLE)

Plantation FL 33324

CITY, STATE AND 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.

Connie Bryan

SIGNATURE

Connie Bryan, Special Assistant Secretary

Filing Fee: \$ 35 for Designation of Registered Agent