

# Braverman and Dedrick

Attorneys at Law

A Partnership of Professional Associations

Steven D. Braverman, P.A.

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8751 W. Broward Blvd., Suite 206

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February 26, 1999

Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

800002790538-012 1  
-03/01/99--01102

\*\*\*\*337.50 \*\*\*\*337.50

In re: FACT, L.L.C.

Dear Sir or Madam:

Enclosed are Articles of Organization for the above company, along with our check in the amount of \$337.50 for the appropriate filing fees. Kindly return a letter of acknowledgment and receipt of filing of these Articles directly to the above address.

If you have any questions or require additional information, please do not hesitate to contact our office.

Sincerely,

BRAVERMAN & DEDRICK



STEVEN D. BRAVERMAN, P.A.

SDB:kb

Enclosure

FILED  
99 MAR 16 PM 1:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SIGNED IN THE ABSENCE OF STEVEN D. BRAVERMAN TO AVOID DELAY.

42  
3-16-99

# Braverman and Dedrick

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March 15, 1999

## VIA FEDERAL EXPRESS

Florida Department of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32399  
**ATTENTION: SHAWN LOGAN**

**RE: FACT, L.L.C.**  
**REF. #: W99000005598**

Dear Shawn:

Enclosed is the corrected Articles of Organization for the above corporation showing the new name as Fact South, L.L.C.

Please file same and return a file-stamped copy to our office in the enclosed Federal Express envelope provided.

If you have any questions or require additional information, please do not hesitate to contact our office.

Sincerely,

BRAVERMAN & DEDRICK



STEVEN D. BRAVERMAN, P.A.

SDB:kb  
Enclosures

FILED  
99 MAR 16 PM 1:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

March 9, 1999

STEVEN D. BRAVERMAN  
BRAVERMAN & DEDRICK  
8751 W BROWARD BLVD SUITE 206  
PLANTATION, FL 33324

SUBJECT: FACT, L.L.C.  
Ref. Number: W99000005598

We have received your document for FACT, L.L.C. and your check(s) totaling \$337.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of a name is not acceptable. Please select a new name and make the correction in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6043.

Shawn Logan  
Document Specialist

Letter Number: 499A00010739

FILED  
99 MAR 16 PM 1:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION FOR A FLORIDA  
LIMITED LIABILITY COMPANY**

**ARTICLE I - NAME:**

The name of the Limited Liability Company is:

FACT SOUTH, L.L.C.

**ARTICLE II - ADDRESS:**

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

1400 East Oakland Park Boulevard, Suite 100  
Fort Lauderdale, FL 33334

**ARTICLE III - DURATION:**

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

Perpetual in length

**ARTICLE IV - MANAGEMENT:**

(Check the appropriate line 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:

Spiro Lazarou, manager  
1400 East Oakland Park Boulevard, Suite 100  
Fort Lauderdale, FL 33334

☐ 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 MEMBER:**

At this time, there is no right given to the members to admit additional members.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

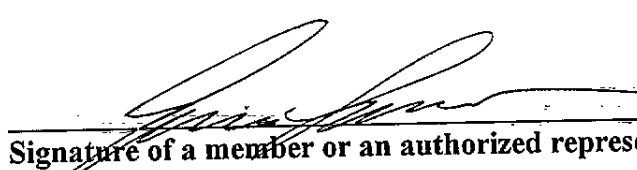
## ARTICLE VI - MEMBERS RIGHTS TO CONTINUE BUSINESS:

At this time, there is no right given herein to 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.

## ARTICLE VII - AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS:

The undersigned member or authorized representative of a member of FACT, <sup>SOUTH</sup>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: \$ 1,000.00
- 3) if any, the agreed value of the property, other than cash, contributed by member(s) is: \$ N/A  
(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: \$ 1,000.00

  
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.)

SPIRO LAZAROU

Typed or printed name of signee

Filing Fee: \$250.00 for Articles and Affidavit

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09 MAR 16 PM 1:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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.

1. The name of the limited liability company is:  
FACT/<sup>SOUTH</sup>L.L.C.
2. The name and the Florida street address of the registered agent is:

WILLIAM R. TURNER  
8751 WEST BROWARD BOULEVARD, SUITE 207  
PLANTATION, FL 33324

*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

Filing Fee: \$35.00 for Designation of Registered Agent

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99 MAR 16 PM 1:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA