

L9900000 2530



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REFERENCE : 224946 4335212

AUTHORIZATION :

*Patricia Pajute*

COST LIMIT : \$ 285.00

ORDER DATE : April 30, 1999

ORDER TIME : 11:03 AM

ORDER NO. : 224946-005

CUSTOMER NO: 4335212

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CUSTOMER: Lorraine E. Jackson, Esq  
ALPINE SERVICES L.L.C.  
ALPINE SERVICES L.L.C.  
1285 Avenue Of The Americas  
21st Floor  
New York, NY 10019

DOMESTIC FILING

NAME: TWO SWANS FARM L.L.C.

EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION  
       CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

Name	5/4/99	CERTIFIED COPY
Availability	XX	PLAIN STAMPED COPY
	dec	CERTIFICATE OF GOOD STANDING

Document	CONTACT PERSON: Christine Lillich
Examiner	DCC

EXAMINER'S INITIALS:

Document	22
Examiner	2
Document	DCC
W. P. Verifier	DCC

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99 MAY -4 PM 12:12  
DIVISION OF CORPORATION  
TALLAHASSEE, FLORIDA  
99 MAY -4 PM 1:30  
FILED  
SECRETARY OF STATE

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

Two Swans Farm L.L.C.

## ARTICLE II - Address:

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

3673 Carlton Place  
Boca Raton, FL 33496

## 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:

☒ 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:

Carol F. Cohen  
3673 Carlton Place  
Boca Raton, FL 33496

## 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:

Upon the written consent of all the 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: no right given

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TALLAHASSEE, FLORIDA

**ARTICLE VII - Affidavit of Membership and Contributions**

The undersigned member or authorized representative of a member of Two Swans Farm 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 \$ 40,000 ;
- 3) if any, the agreed value of property other than cash contributed by member(s) is \$ \_\_\_\_\_ ;  
(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 \$ 40,000 .

  
\_\_\_\_\_  
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.)

Carol Cohen

\_\_\_\_\_  
Typed or printed name of signee

**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.

1. The name of the limited liability company is: Two Swans Farm L.L.C.

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

Carol Cohen

NAME

3673 Carlton Place

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

Boca Raton, FL 33496

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.*



SIGNATURE

**Filing Fee: \$ 35 for Designation of Registered Agent**

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TALLAHASSEE, FLORIDA

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