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LIMITED LIABILITY COMPANY

gulfside winter haven, l.l.c.

Certificate of Status	0
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ARTICLES OF ORGANIZATION OF GULFSIDE WINTER HAVEN, L.L.C.

SECRETARY OF STATE DIVISION OF CORPORATIONS
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ARTICLE I - NAME

The name of the Limited Liability Company is: Gulfside Winter Haven, L.I.-C.

ARTICLE II- ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is: 363 Granello Avenue, Coral Gables, Florida 33146.

ARTICLE III- DURATION

The period of duration, for the Limited Liability Company shall be perpetual.

ARTICLE IV- MANAGEMENT

The limited Liability Company is to be managed by the following members and the name and address of such managing members is:

Name

Address

Jackson Ward

363 Granello Avenue Coral Gabies, FL 33146

ARTICLE V - EFFECTIVE DATE

The effective date of formation of the Limited Liability Company is July 6, 1999.

IN WITNESS WHEREOF, the undersigned Managing Member has executed these Articles of Organization this 6th day of July, 1999.

Preparer: Norman S. Weider, Esq. 100 S.E. 2 St. #3950 Miami,FL 33131 (305) 371-6338 - FL BAR #150388

Jackson (Ward)

Managing Member

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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, INT HE STATE OF FLORIDA.

- 1. The name of the limited liability company is: Gulfside Winter Haven, L.L.C.
- 2. The name and address of the registered agent and office is:

Norman S. Weider, Esq. 100 S.E. 2nd Street Suite 3950 Miami, Florida 33131

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 PROPERTY AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION, AS REGISTERED AGENT.

IORMAN S. WEIDER, ESQ

DATE:

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AFFIDAVITOF MEMBERSHIP AND CONTRIBUTIONS

STATE OF FLORIDA

COUNTY OF MIAMI-DADE) 5S:

The undersigned Managing Member of Gulfside Winter Haven, L.L.C.deposes and says:

- 1. The above named Limited Liability Company has at least one member.
- 2. The total amount of cash contributed by the Members is: One Hundred Dollars (\$100.00). It is anticipated that an additional Nine Hundred Dollars (\$900.00) in cash shall be contributed by the Members. The total amount of the cash contributed and the cash to be contributed is \$1,000.00. No property or services have been or will be contributed.

Jackson Ward, Managing Member

BEFORE ME, the undersigned officer, a Notary Bublic authorized to administer oaths and to take acknowledgments in and for the State and County set forth above, personally appeared this day of July, 1999, Jackson Ward, as the Managing Member of Gulfside Winter Haven, L.L.C. who executed the foregoing instrument and who is personally known to me or who has produced a Florida driver's license, as identification, and who did take an oath.

Notary Public State of Florida

Print Name: ODALIS PADRON

My Commission Expires:

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OFFICIAL NOTARY SEAL
ODALIS PADVICES
CONNICENCY NUMBER
CONNICENCY NUMBER
MY COMMISSION EXPINES
MY COMMISSION EXPINES
MY COMMISSION EXPINES

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