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C T CORPORATION SYSTEM

Requestor's Name  
660 East Jefferson Street

Address  
Tallahassee, FL 32301 (850)222-1092  
City State Zip Phone

100002963021--6  
-08/18/99--01047--020  
\*\*\*\*285.00 \*\*\*\*285.00

CORPORATION(S) NAME

Wisa Graham L.L.C.

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STATE OF FLORIDA  
DEPARTMENT OF REVENUE  
TALLAHASSEE, FLORIDA

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STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:  
Lisa Graham L.L.C.

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:  
9149 Collins Avenue, Unit 106, Miami Beach, Florida 33154

**ARTICLE III - Duration:**

The period of duration for the Limited Liability Company shall be:  
December 31, 2050

**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:

Lisa Graham Baletta	9149 Collins Avenue, Unit 106, Miami Beach, Florida 33154
Richard F. Fields	9149 Collins Avenue, Unit 106, Miami Beach, Florida 33154

**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:

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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:

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

The undersigned member or authorized representative of a member of Lisa Graham 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.)

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

**Filing Fee: \$250.00 for Articles and Affidavit**

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TALLAHASSEE, FLORIDA  
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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 SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: Lisa Graham LLC

2. The name and address of the registered agent and office is:

<sup>M.</sup>  
Richard S. Fields  
(Name)

9149 Collins Avenue, Unit 106  
(P.O. Box not acceptable)

<sup>C</sup>  
Miami Beach, Florida 33154  
(City/State/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.*

<sup>M.</sup>  
Richard S. Fields  
*Richard S. Fields*  
(Signature)

June 26, 1999  
(Date)

FILING FEE: \$ 35 for Designation of Registered Agent

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