P.01/03

Division of Corporations Public Access System

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Account Number : I19990000101
Phone : (561)691-0059

Phone : (561) 691-0059 Fax Number : (561) 691-0066

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## LIMITED LIABILITY COMPANY

1091 Gulfstream, LLC

Certificate of Status	0.
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J. BRYAN DEC 2 0 2004

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		(H04000249299 3)	)
RTICLES OF ORG	ANIZATION FOR FI	LORIDA LIMITED LIABILITY CO	MPANSSEE COMONS
ARTICLE I - Name: The name of the Limit	ed Liability Company is:	<b>:</b>	SKE OF STATE OF THE SECOND SEC
1091 Gulfstream, LLC			975
	nd street address of the pr	rincipal office of the Limited Liability Co	ompany is:
Principal Office Addi	ress:	Mailing Address:	
3654 Georgia Avenue		3654 Georgia Avenue	_
West Palm Beach, FL 33	3405	West Palm Beach, FL 33405	_
The name and the Flori	ida street address of the r	Office, & Registered Agent's Signature	e:
240	1 PGA Boulevard, Suite 27	<b>72</b>	
	Florida street add	ress (P.O. Box NOT acceptable)	
Pain	n Beach Gardens 33410	FL	
	City, State, a	nd Zip	
liability company at registered agent and ag statutes relating to the	the place designated in the cree to act in this capacity s proper <del>and complete pe</del> r	nccept service of process for the above state his certificate, I hereby accept the appointm o. I further agree to comply with the provis rformance of my duties, and I am familiar to texed agent as provided for in Chapter 608	nent as ions of all with and
	Registered Agent's	Signature	
	Erenne nes 1 5 Mailt 12		

(CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Manager The name and address of each Manager				
The name and address of caon Manager	or remaining memory is as follows.			
<u>Title:</u>	Name and Address:			
"MGR" = Manager "MGRM" = Managing Member	7 6 6 C			
MORIVI - Mailaging Memoer				
MGRM	Jay Brown			
	3654 Georgia Avenue			
	West Palm Beach, FL 33405			
·	- The			
	Mark William Control of the Control			
<del></del>				
(Use attachment if necessary)				
37.0000 3 1314 1 1 1 // To 1	- 3.3 - 3.50 6045 3.4-5			
NUTE: An additional article must be	added if an effective date is requested.			
REQUIRED SIGNATURE:				
Signature of a member or	an authorized representative of a member.			
(In accordance with section 608.408(3), Florida Statutes, the execution				
of this document constitute that the facts stated herei	s an affirmation under the penalties of perjury			
Robert Lee Shapiro, Au	thorized Representative			
	or printed name of signee			

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

Page 2 of 2

(H04000249299 3)