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| (Re | questor's Name) | |
|---|-----------------|-------------|
| (Address) | | |
| (Address) | | |
| (City/State/Zip/Phone #) | | |
| PICK-UP | ☐ WAIT | MAIL |
| (Business Entity Name) | | |
| (Document Number) | | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to Filing Officer: | | |
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Office Use Only

J. BRYAN APR 1 1 2006



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TALLAHASSEE, FLORIDA

COVER LETTER

| Division of Corporations | | |
|---|--|--|
| SUBJECT: 13320 PALM BEACH BLUD. LLC (Name of Limited Liability Company) | | |
| The enclosed Articles of Organization and fee(s) are submitted for filing. | | |
| Please return all correspondence concerning this matter to the following: | | |
| FREDERICK T. PRICE (Name of Person) | | |
| | | |
| (Firm/Company) | | |
| 2/212 WAYMOUTH RUN 5 1 | | |
| ESTERO FL 33928 | | |
| (City/State and Zip Code) | | |
| For further information concerning this matter, please call: | | |
| FREDERICK T. PRICE at (239) 810-1032 (CELL) (Name of Person) (Area Code & Daytime Telephone Number) | | |
| Enclosed is a check for the following amount: | | |
| \$\$\subseteq\$ \$\text{\$\subseteq\$ \$\seteq\$ \$\text{\$\subseteq\$ \$\text{\$\subseteq\$ \$\text{\$\subseteq\$ \$\text{\$\subseteq\$ \$\text{\$\subseteq\$ \$\text{\$\subseteq\$ \$\text{\$\subseteq\$ \$\text{\$\subseteq\$ \$\seteq\$ \$\text{\$\subseteq\$ \$\seteq\$ \$\text{\$\subseteq\$ \$\text{\$\subseteq\$ \$\seteq\$ \$\text{\$\subseteq\$ \$\seteq\$ \$\text{\$\subseteq\$ \$\seteq\$ \$\text{\$\subseteq\$ \$\seteq\$ \$\text{\$\subseteq\$ \$\seteq\$ \$\text{\$\subseteq\$ \$\seteq\$ \$\seteq\$ \$\text{\$\subseteq\$ \$\seteq\$ \$\seteq\$ \$\text{\$\seteq\$ \$\s | | |
| Mailing Address Street/Courier Address | | |

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

| 13320 PALY BEACH (Must end with the words "Limited Liability Company, "Limited | | | | |
|---|--|--|--|--|
| ARTICLE II - Address: | ncipal office of the Limited Liability Company is: | | | |
| Principal Office Address: | Mailing Address: | | | |
| 21212 WAYMOUTH RUN ESTERO, FL 33928 | 21212 WAYMOUTH RUN ESTERO, FL 33928 | | | |
| ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.) | | | | |
| The name and the Florida street address of the reg | | | | |
| Name | 7 P | | | |
| 21212 WRYM Florida street addre | outh Rund ess (P.O. Box NOT acceptable) | | | |
| ESTERO & | FI 33928 55 N | | | |

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 as provided for in Chapter 608, F.S..

Registered Agent's Signature (REQUIRED

City, State, and Zip

(CONTINUED)
Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

| <u>Title:</u> | Name and Address: |
|--|---|
| "MGR" = Manager | A THURSE WHEN I AND SUDE |
| "MGRM" = Managing Member | |
| MGR | FREDERICK T. PRICE |
| | ESTERD, Ft 33928 |
| MGRM | LOURDED C. PRICE |
| | ZIZIZ WAYMOUTH RUN ESTERO FC 33928 |
| | · The second |
| | |
| | |
| | |
| | |
| | 2007 |
| (Use attachment if necessary) | |
| ARTICLE V: Effective date, if other than the | date of filing: (OPTIONAL) |
| (If an effective date is listed, the date must b to or 90 days after the date of filing.) | e specific and cannot be more than five business days prior |
| | |
| REQUIRED SIGNATURE: | |
| ø | 76 |

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 constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Typed 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)