Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)205-0383

From:

Account Name : BOOSE, CASEY, CIKLIN, ET AL

Account Number: 076376001447

: (561)832-5900 Phone

: (561)833-4209 fax Number

AL.

FLORIDA/FOREIGN LIMITED LIABILITY CO.

IPAULL, LLC

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Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLE I - Name:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE II - Add The mailing address	and street address of the	ne principal	office of the L	mited Liabili	ty Comp
Principal Office Ad	ldress:		Mailing Ade	lress:	
930 Mill Greek Drive			SAME	=	
·			•	ĹĽA	ECR
Palm Beach Gardens,	FL 33410	•		HAS	M W
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	gistered Agent, Registerida street address of t	ered Office the registere	, & Registered d agent are:	Agent's Sig RIORIOA	OF MIATE
	ndis Pauli		, & Registered d agent are:	Agent's Sig	OF MATURE
<u>)</u>	ndis Paull N	ered Office the registere	, & Registered d agent are:	Agent's Sig ORIO A	OF MATATE
<u>)</u>	ndis Pauli	ame		Agent's Sign	OF MITATE
<u>ii</u>	ndis Pauli N 330 Mill Creek Drive	eme (P.O. Box No.		Agent's Sign RIOA	OF MATATE

Registered Agent's Signature

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 agentlas provided for in Chapler 608, Florida Statutes..

Page 1 of 2 (CONTINUED)

(((H07000157840 3)))

CASEY CIKLIN LUBITZ (((HU/UUU157840 3)))

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

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

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	India Paull
	930 Mill Creek Drive
	Palm Beach Gardens, FL 33410
•	
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No. of the second	M 7 E
	- For
(Use attachment if necessary)	T _S
	ORIA S
**	<u> </u>
Signature of a member or an	authorized representative of a member. 8.408(3), Florida Statutes, the execution affirmation under the penalties of perjury
that the facts stated herein are t	
India Pauli	
Typed or w	rinted name of signer

Filing Fees:
\$108.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

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