

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

Electronic Filing Cover Sheet

(((H100000033393)))



HM 000000033334 PCT

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To :

Division of Corporations

Fax Number : (88

1 (850)617-6383

From:

Account Mame : HUBCO

Account Number : 104552003400 Phone : (516)935-3940

rnone (818)938

Fax Number : (516) 935-3088

Enter the small address for this business entity to be used for future annual report mailings. Enter only one email address please.

mat 1 Address: Augela Roseufeld @ bellimon 3co. com

NECEIVED

10 JAN -6 RH 3: 4.1
SECHETAN OF STATE
ALLAHASSEE, FLORIDA

FLORIDA/FOREIGN LIMITED LIABILITY CO. 1039 21st Street LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

C. LEWIS

JAN 7 2010

XAMINED

H10000003339

ARTICLES OF ORGANIZATION

FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is: 1039 21st/Street LLC

ARTICLE II - Address

The mailing address and street address of	of the principal office of the	e Lichited Liability Company is:	
Principal Office Address:	Ĭ	Malling Address:	
840 US Highway 1. Suite 315		840 US Highway 1, Suite 315	
Palm Beach Gardens, FL 33408	 . [7	Palm Beach Gardens, FL 33408	
ARTICLE III - Registered Age The name and Florida street address of		& Registered Agent's Signature	2010 JAN-6 AM SECRETARY OF TALLAHASSEE.F
	840 US Highway	Name , Suite 315	P. STATE
	(P.O. Box or M Palm Beach Gard	ii Urop Box <u>NOT</u> Acceptable)	TO STATE OF

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 plijstatutes 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.

City / State / Zip)

Registered Agent's Signature - Ralph A. Principe

Pape 1 of 2

H10000003339

H10000003339

ARTICLE IV - Manager(s) of the name and address of each Man	or Managing Member(s): taget of Managing Member is as follows:	
Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
MGRM	Ralph A. Principe - 3100 Eden Court, West Palm Beach, FL 33411	
	· · · · · · · · · · · · · · · · · · ·	
(Use attachment if necessary)		
REQUIRED SIGNATURE:		
Signature	e of a member or authorized representative of a member.	
(In accorda document co	ence with section 608.408(3), Florida Statutes, the execution of this constitutes an affirmation under the penalties of porjury that the facts in are true.	
***	Ralph A. Principe	(-1
	Ralph A. Principe Typed or printed name of signee TALLAHASSEE, FLOR	