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EXAMINER

COVER LETTER

Company of the Control of the Contro

TO: Registration Section Division of Corporations SUBJECT: 155 East Boca Raton Rd, 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: **ANTHONY COMPARATO** Name of Person Firm/Company 36 SE 3RD ST. Address BOCA RATON, FL 33432 City/State and Zip Code jwinslow@compson.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: **Bevery Samuelson** Name of Person Enclosed is a check for the following amount: \$125.00 Filing Fee \$130.00 Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed)

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:

155 East Boca Raton Rd, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:	
36 SE 3rd St.	Same	
Bpca Raton, FL 33432		
	*	
ARTICLE III - Registered Agent, Regist (The Limited Liability Company cannot serve as its own business entity with an active Florida registration.)		
The name and the Florida street address of	the registered agent are:	12 APR 27
Anthony Compara	ato	3 3 1
1	Name	27
36 SE 3rd St		PH I
Florida stre	et address (P.O. Box NOT acceptable)	
Boca Raton	_{FL} 33432	25E - 8
Ci	ty, State, and 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 as provided for in Chapter 608, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

"MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Anthony Comparato 36 SE 3rd St. Boca Raton, FL 33432
	12 APR
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	CADE
(Use attachment if necessary)	ha data of filings (OPTION)
CLE V: Effective date, if other than the	he date of filing: (OPTIONA be specific and cannot be more than five business day
CLE V: Effective date, if other than the effective date is listed, the date must	he date of filing: (OPTIONA be specific and cannot be more than five business day
CLE V: Effective date, if other than the effective date is listed, the date must 0 days after the date of filing.) REQUIRED SIGNATURE:	be specific and cannot be more than five business day
CLE V: Effective date, if other than the effective date is listed, the date must 0 days after the date of filing.) REQUIRED SIGNATURE: Signature of a mem (In accordance with section 6 constitutes an affirmation unliam aware that any false info	he date of filing:

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)