

# L12000092338

(Requestor's Name)

(Address)

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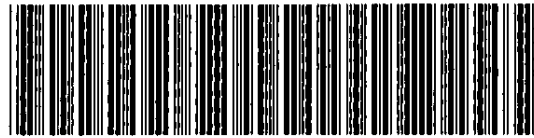
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B. BOSTICK  
JUL 17 2012  
EXAMINER

**CAPITAL CONNECTION, INC.**

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

**PALM TOWERS PROFESSIONAL, LLC**

**FRIEDMAN**

- Art of Inc. File \_\_\_\_\_
- LTD Partnership File \_\_\_\_\_
- Foreign Corp. File \_\_\_\_\_
- L.C. File \_\_\_\_\_
- Fictitious Name File \_\_\_\_\_
- Trade/Service Mark \_\_\_\_\_
- Merger File \_\_\_\_\_
- Art. of Amend. File \_\_\_\_\_
- RA. Resignation \_\_\_\_\_
- Dissolution / Withdrawal \_\_\_\_\_
- Annual Report / Reinstatement \_\_\_\_\_
- Cert. Copy \_\_\_\_\_
- Photo Copy \_\_\_\_\_
- Certificate of Good Standing \_\_\_\_\_
- Certificate of Status \_\_\_\_\_
- Certificate of Fictitious Name \_\_\_\_\_
- Corp Record Search \_\_\_\_\_
- Officer Search \_\_\_\_\_
- Fictitious Search \_\_\_\_\_
- Fictitious Owner Search \_\_\_\_\_
- Vehicle Search \_\_\_\_\_
- Driving Record \_\_\_\_\_
- UCC 1 or 3 File \_\_\_\_\_
- UCC 11 Search \_\_\_\_\_
- UCC 11 Retrieval \_\_\_\_\_
- Courier \_\_\_\_\_

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 TALLAHASSEE, FLORIDA

Signature \_\_\_\_\_

Requested by: SETH      07/13/12    AM  
 Name                              Date                              Time

Walk-In \_\_\_\_\_      Will Pick Up \_\_\_\_\_

**Articles of Organization  
of  
Palm Towers Professional, LLC**

**ARTICLE I  
NAME**

The name of this limited liability company is **Palm Towers Professional, LLC**.

**ARTICLE II  
DURATION**

This limited liability company shall have perpetual existence.

**ARTICLE III  
PURPOSE**

This limited liability company is organized for any lawful purpose, except that special statutes for the regulation and control of specific types of business shall control when in conflict with these Articles of Organization.

**ARTICLE IV  
ADDRESS**

The principal place of business and mailing address of this limited liability company shall be **1351 Sawgrass Corporate Parkway, Suite 103, Sunrise, Florida 33323**.

**ARTICLE V  
INITIAL REGISTERED AGENT AND OFFICE**

The initial registered agent of this limited liability company is **Joseph Nudelman**, and the initial registered agent's office address shall be **1351 Sawgrass Corporate Parkway, Suite 103, Sunrise, Florida 33323**.

**ARTICLE VI  
MANAGEMENT**

This limited liability company shall be managed by one or more Managers. The name and address of the initial Managers are:

<b>Joseph Nudelman</b>	<b>1351 Sawgrass Corporate Parkway, Suite 103 Sunrise, FL 33323</b>
<b>Norma Nudelman</b>	<b>1351 Sawgrass Corporate Parkway, Suite 103 Sunrise, FL 33323</b>
<b>Paul Nudelman</b>	<b>1351 Sawgrass Corporate Parkway, Suite 103 Sunrise, Florida 33323</b>

**ARTICLE VII  
POWERS**

This limited liability company shall have all of the powers enumerated in the Limited Liability Act.

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ARTICLE VIII  
RIGHT OF CONTINUANCE

The members shall have the right to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event that terminates the continued membership of a member in the limited liability company.

ARTICLE IX  
AMENDMENT

These Articles of Organization may be amended in the manner provided in the Operating Agreement of the Company.

IN WITNESS WHEREOF, a member or an authorized representative of a member of the limited liability company has executed these Articles of Organization on the 13th day of July, 2012, and affirms under the penalties of perjury that the facts contained in these Articles of Organization are true to the best of his/her knowledge.

  
\_\_\_\_\_  
Joseph Nudelman, Member

12 JUL 16 AM 9:27  
PILLSBURY ASSOCIATES, FLORIDA

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is:

**Palm Towers Professional, LLC**

2. The name and address of the registered agent and office is:

**Joseph Nudelman  
1351 Sawgrass Corporate Parkway, Suite 103  
Sunrise, FL 33323**

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.

  
\_\_\_\_\_  
Joseph Nudelman

Date: July 13, 2012

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HALL COUNTY, FLORIDA