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SEP 1 3 2012 T. HAMPTON

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: 116 Evergrene Park, 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:
Thomas D. Rielly
Name of Person
Thomas D. Rielly, P.A.
Firm/Company
200 Butler Street, Ste. 205
Address
West Palm Beach, FL 33407
City/State and Zip Code
Riellypa@bellsouth.net E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Thomas D. Rielly
Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\sum_{\text{Certificate of Status}}\$\$130.00 Filing Fee \$\text{Certified Copy}\$\$ Certificate of Status \$\text{Certified Copy}\$\$ (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
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

116 Evergrene Park, L.L.C.	
(Must end with the words "Limited Liabilit	y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	·
	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
3136 San Michele Drive	(same)
Palm Beach Gardens, FL 33418	
The name and the Florida street address of the re Thomas D. Rielly, P.A. Name	
200 Butler Street,	
	ess (P.O. Box <u>NOT</u> acceptable)
West Palm Beach	FL 33407
City, State	•
liability company at the place designated in the registered agent and agree to act in this capacity. statutes relating to the proper and complete perj	scept service of process for the above stated limited is certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and ered agent as provided for in Chapter 608, F.S

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 SEP 11 DM IO: 15

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

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

MGRM	Sandra Devlin	
	3136 San Michele Drive	
	Palm Beach Gardens, FL 33410	
•		
	-	
Use attachment if necessary)	•	
• •	ne date of filing: (O	

REQUIRED SIGNATURE:

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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Thomas D. Rielly

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)