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(Dannald Name)				
(Requestor's Name)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
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## **COVER LETTER**

TO:	Registration Division of C	Section Corporations	aper "	gen week	
SHRII	BOTA	NY BAY PARTNERS, LL	.c		
SUBJECT:Name of Limited Liability Company					
The en	closed Articles	of Organization and fee(s) are s	ubmitted for filing.		
		spondence concerning this matte	•		
	GEORGE H	HABER			
			Name of Person	<u></u>	
	BOTANY B	AY PARTNERS, LLC			
	Firm/Company				
	6861 QUE	ENFERRY CIRCLE			
	Address				
E	BOCA RATO	N, FLORIDA 33496			
	CIMONETH	_	/State and Zip Code		
-	SIMONE H	ABER 7@AOL.COM  E-mail address: (to be used for	or future annual report notifical	ion)	
For fur	ther information	n concerning this matter, please	,	,	
GEORGE HABER 561 487-9118					
	Name	e of Person	at ()Area Code & Daytim	e Telephone Number	
Enclos	ed is a check f	for the following amount:	•		
\$125.00	Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclose	Certificate of Status &	
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Add Registration Section Division of Corpor Clifton Building 2661 Executive Ce Tallahassee, FL 32	ations nter Circle	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

BOTANY BAY PARTNERS, 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	ne principal office of the Limited Liability Company is	
Principal Office Address:	Mailing Address:	
6861 QUEENFERRY CIRCLE BOCA RATON, FL 33496	6861 QUEENFERRY CIRCLE BOCA RATON; FL 33496	
ARTICLE III - Registered Agent Pegist	ared Office & Degistered Agent's Signature	
(The Limited Liability Company cannot serve as its own business entity with an active Florida registration.)	ered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another the registered agent are:	
(The Limited Liability Company cannot serve as its own )	Registered Agent. You must designate an individual or another the registered agent are:	
(The Limited Liability Company cannot serve as its own business entity with an active Florida registration.)  The name and the Florida street address of GEORGE HABER	Registered Agent. You must designate an individual or another the registered agent are:	
(The Limited Liability Company cannot serve as its own business entity with an active Florida registration.)  The name and the Florida street address of GEORGE HABER	Registered Agent. You must designate an individual or another the registered agent are:	
(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 GEORGE HABER  N  6861 QUEENFERRY	Registered Agent. You must designate an individual or another the registered agent are:	

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)

Page 1 of 2

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

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

<u>Title:</u>	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
MGRM	GEORGE HABER 6861 QUEENFERRY CIRCLE BOCA RATON, FL 33496
MGRM	SIMONE HABER 6861 QUEENFERRY CIRCLE BOCA RATON, FL 33496
MGRM	LORI JENIS  302 VISTA DRIVE  JERICHO, NEW YORK, 11753
(Use attachment if necessary)  ICLE V: Effective date, if other that	an the date of filing: (OPTIONAL)
effective date is listed, the date m 90 days after the date of filing.)  REQUIRED SIGNATURE: /	ust be specific and cannot be more than five business days prior
A.	ASSEE, FLORING STATE OF A member. OF STATE OF ST
constitutes an affirmation I am aware that any false constitutes a third degree	on 608.408(3), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.)  GE HABETR
	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)