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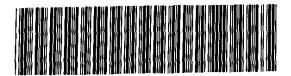
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Special Instructions to Fil	ing Officer:	
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Office Use Only

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EXAMINER



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TO ACKNOWLEDGE SUFFICIENCY OF FILING DEPARTMENT OF STATE OF CORPORATIONS

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EXAMINER'S INITIALS:

AUTHORIZATION Spelle par		
COST LIMIT :/ \$ 125.00		
ORDER DATE : July 27, 2011		
ORDER TIME: 8:58 AM		
ORDER NO. : 860536-005		
CUSTOMER NO: 4313323		
DOMESTIC FILING		
NAME: 24603 INVESTORS LLC		
EFFECTIVE DATE:		
ARTICLES OF INCORPORATION .		
CERTIFICATE OF LIMITED PARTNERSHIP XX ARTICLES OF ORGANIZATION		
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:		
CERTIFIED COPY		
XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING		
CONTACT PERSON: Troy Todd - EXT. 2940		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPAN **ARTICLE I - Name:** The name of the Limited Liability Company is: 24603 Investors 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:** 324 El Bravo Way 324 El Bravo Way Palm Beach, FL 33480 Palm Beach, FL 33480

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another

business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Corporation Service Company 1201 Havs Street Florida street address (P.O. Box NOT acceptable) FL 32301 City, State, and Zip Tallahassee

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..

> Troy Todd as its agent

egistered 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> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	r .
MGRM	Patricia Quick
	324 El Bravo Way
	Palm Beach, FL 33480
	•
· · · · · · · · · · · · · · · · · · ·	
(Use attachment if necessary)	
**	
CLE V: Effective date, if other the	an the date of filing: (OPTIONAL)
onective date is listed, the date in 0 days after the date of filing.)	nust be specific and cannot be more than five business days price
o unjo unio: tino unio or iming.)	
REQUIRED SIGNATURE:	
R	$b \sim 0$
Signature of a n	nember 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.)

B. Cort Delany, Esq.

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)