

L 010000007098

ATTORNEYS' TITLE

Requestor's Name

660 E. Jefferson St.

Address

Tallahassee, FL 32301

850-222-2785

City/St/Zip

Phone #

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1- HIGHPOINT, L.L.C.

2-

effective date  
4-30-01

3-

4-

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 MAY -4 PM 4: 01

APPROVED  
AND  
FILED

NOT RECORDED  
TO AVOID PLEADGE  
SUFFICIENCY OF FILING

2001 MAY -3 AM 11: 30

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

RECEIVED

Walk-in

Pick-up time ASAP

Certified Copy

Mail-out

Will wait

Photocopy

Certificate of Status

NEW FILINGS

<input type="checkbox"/>	Profit
<input type="checkbox"/>	Non-Profit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS

<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS

<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION

<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

700004133947--7  
-05/03/01--01034--005  
\*\*\*\*125.00 \*\*\*\*125.00

~~W01-9998~~

Examiner's Initials

*[Signature]*  
5-4-01



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

May 3, 2001

ATTORNEYS' TITLE

SUBJECT: HIGHPOINT, L.L.C.  
Ref. Number: W01000009998

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 MAY -4 PM 4: 01

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AND  
FILED

We have received your document for HIGHPOINT, L.L.C. and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following:

Effective October 1, 1999, Chapter 608, Florida Statutes, does not require or permit the filing of an "Affidavit of Membership and Capital Contributions." Therefore, the enclosed document has not been filed and is being returned to you.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6025.

Trevor Brumbley  
Document Specialist

Letter Number: 401A00026300

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**HIGHPOINT, L.L.C.**

**ARTICLE II - Address:**

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

**2800 South Seacrest Boulevard, Suite 106-B  
Boynton Beach, FL 33435**

**ARTICLE III - Duration:**

The period of duration for the Limited Liability Company shall be:

**Perpetual**

**ARTICLE IV - Management:**

**(Check the appropriate box and complete the statement)**

The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

**Jose Castaneda and Carolina Castaneda, as Tenants by the Entireties  
2800 South Seacrest Boulevard, Suite 106-B  
Boynton Beach, FL 33435**

**ARTICLE V - Admission of Additional Members:**

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be:

Members shall have the right to admit new members by unanimous consent.  
Contributions required of new members shall be determined as of the time of admission to the limited liability company.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
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**ARTICLE VI - Members Rights to Continue Business:**

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be:

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, the remaining members shall have the right to continue the business on unanimous consent of the remaining members.

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TALLAHASSEE, FLORIDA

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ARTICLE VII - Effective Date of Existence: The Effective Date of the Limited Liability Company's existence shall be April 20 2001.

*Jose Castaneda*      *Carolina Castaneda*  
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

JOSE CASTANEDA/CAROLINA CASTANEDA, as Tenants by the Entireties  
Typed or printed name of signee

APPROVED  
AND  
FILED  
01 MAY -4 PM 4:01  
SECRETARY OF STATE  
TALLAHASSEE, 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 TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN  
THE STATE OF FLORIDA.

1. The name of the limited liability company is: HIGHPOINT, L.L.C.

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

Drennen L. Whitmire, Jr., Esquire

NAME

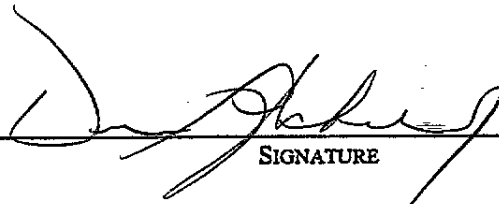
450 Royal Palm Way, Sixth Floor

Florida street address (P. O. Box NOT ACCEPTABLE)

Palm Beach, FL 33480

CITY, 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.*

  
SIGNATURE

**Filing Fee: \$ 35 for Designation of Registered Agent**

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TALLAHASSEE, FLORIDA

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APPROVED  
AND  
FILED