

LO20000008036



ACCOUNT NO. : 072100000032

REFERENCE : 511958 4336896

AUTHORIZATION :

Patricia Pizeto

COST LIMIT : \$ 155.00

ORDER DATE : April 4, 2002

ORDER TIME : 11:05 AM

ORDER NO. : 511958-005

CUSTOMER NO: 4336896

CUSTOMER: Ms. Amy E. Schultz
Thaler & Thaler, P.a.

100005192481--8

700 North Olive Avenue

West Palm Beach, FL 33401

DOMESTIC FILING

NAME: ALDEN ARMS, L.L.C.

EFFECTIVE DATE:

☐ ARTICLES OF INCORPORATION
☐ CERTIFICATE OF LIMITED PARTNERSHIP
☒ ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

Name	
Availability	<input checked="" type="checkbox"/> CERTIFIED COPY
	<input type="checkbox"/> PLAIN STAMPED COPY
Document	<input type="checkbox"/> CERTIFICATE OF GOOD STANDING
Examiner	DCC
Updater	DCC
Portaler	
Verityer	DCC
Online Management	DCC
Portaler	
Verityer	DCC

CONTACT PERSON: Sara Lea - EXT. 1114

EXAMINER'S INITIALS:

RECEIVED
APR 4 2002
TALLAHASSEE, FLORIDA

RECEIVED APR-4 PM 3:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**ARTICLES OF ORGANIZATION
OF
ALDEN ARMS, L.L.C.**

ARTICLE I: NAME:

The name of the Limited Liability Company is **ALDEN ARMS, L.L.C.**

ARTICLE II: ADDRESS:

The mailing address and street address of the Limited Liability Company is 700 North Olive Avenue, West Palm Beach, FL 33401 .

ARTICLE III: DURATION:

The period of duration for the Limited Liability Company shall be perpetual.

ARTICLE IV: MANAGEMENT:

The Limited Liability Company is to be managed by the members and the names and addresses of the managing members are:

Name:

Robert Sala

Address:

931 Hyacinth Drive
Delray Beach, FL 33483

ARTICLE V: MEMBERS RIGHTS TO CONTINUE BUSINESS;

The remaining members of the Limited Liability Company 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 which terminates the continued membership of a member in the Limited Liability Company, as defined in FS 608.441.

IN WITNESS WHEREOF, these Articles of Organization have been subscribed this 3rd day of April, 2002 by the undersigned, who affirms that the statements made herein are true under penalties of perjury.



ROBERT SALA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**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.

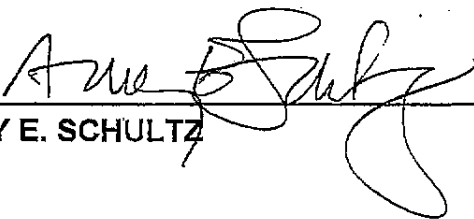
1. The name of the Limited Liability Company is **ALDEN ARMS, L.L.C.**

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

Amy E. Schultz
700 North Olive Avenue
West Palm Beach, FL 33401

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.



AMY E. SCHULTZ

April 3, 2002