

L020000014648

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL. 32314

000005622930--5
-05/29/02--01011--010
****125.00 ****125.00

SUBJECT: Castle Association Management LLC
(Proposed limited liability company name – must include suffix)

Enclosed are an original and one (1) copy.

Filing fee of acknowledgement will be issued free of charge upon filing. Please submit an additional \$5.00 if a certificate of status is needed. The fee for a certified copy is \$30.00.

Please send one check for the total amount made payable to the Florida Department of State.

W02-1615Y

LR 6/12

FROM: Peter Stilphen
Name (Printed or typed)
725 Sunny South Avenue
Address
Boynton Beach, FL. 33436
City, State & Zip
561-601-6590
Daytime Telephone number

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 JUN 11 PM 1:45

3p



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

June 4, 2002

PETER STILPHEN
725 SUNNY SOUTH AVENUE
BOYNTON BEACH, FL 33436

SUBJECT: CASTLE ASSOCIATION MANAGEMENT LLC
Ref. Number: W02000016154

We have received your document for CASTLE ASSOCIATION MANAGEMENT LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 30 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Registration/Qualification Section
Division of Corporations Letter Number: 702A00036121

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 JUN 11 PM 1:45

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I – Name:

The name of the Limited Liability Company is:

Castle Association Management LLC

ARTICLE II – Address:

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

1818 Meadow Ct., West Palm Beach, FL. 33406

ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature:

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

Debra Moore

Name

1818 Meadow Court

Florida street address (P.O. Box **NOT** acceptable)

West Palm Beach, FL. 33406

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 as provided for in Chapter 608, F.S.

Debra Moore

Registered Agent's Signature

ARTICLE IV – Management (Check box if applicable.)

☐ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager – managed company.

(An additional article must be added if an effective date is requested)

Robert K. Matson

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.)

ROBERT K. MATSON

Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 JUN 11 PM 1:45