

L02 000015135

Samuel K. Brown
Requestor's Name

Address

City/State/Zip Phone #

Office Use Only

FILED
JUN 18 PM 2:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

1. SA-PG managers - Port St. Lucie LLC
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)



Walk in



Pick up time _____



Certified Copy



Mail out



Will wait



Photocopy



Certificate of Status

DIVISION OF CORPORATION

JUN 18 PM 12:58

BK

NEW FILINGS	
<input type="checkbox"/>	Profit
<input checked="" type="checkbox"/>	NonProfit
<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

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***2015.00 ***155.00

Examiner's Initials

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

1. The name of the Limited Liability Company is:

SA-PG MANAGERS -PORT ST. LUCIE LLC

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

c/o Schwartzberg Associates, LLC
50 Main Street
White Plains, New York 10606

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


NRAI Services, Inc.
526 E. Park Avenue
Tallahassee, Florida 32301

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.


Fred Larison, Assistant Secretary

4. The Limited Liability Company is to be managed by a member and the name and address of the managing member is:

New Surfside Administrators, LLC
c/o Schwartzberg Associates, LLC
50 Main Street
White Plains, New York 10606


Maxwell Stolzberg, Authorized Representative of 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.)