

L02000032959

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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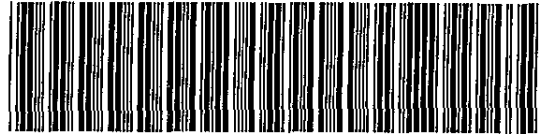
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA

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# Murphy, Reid, Pilotte, Ord & Austin

A PARTNERSHIP OF PROFESSIONAL ASSOCIATIONS

ATTORNEYS AT LAW

SUITE 100

340 ROYAL PALM WAY

PALM BEACH, FLORIDA 33480-4347

TELEPHONE (561) 655-4060

FAX (561) 655-8801

PLEASE REPLY TO:

PALM BEACH OFFICE

KEITH C. AUSTIN, JR., P.A.  
EUGENE W. MURPHY, JR., P.A.  
GEORGE P. ORD, P.A.  
TASHA K. PEPPER-DICKINSON\*  
FRANK T. PILOTTE, P.A.

OF COUNSEL

PHILIP H. REID, JR.

LOIS REID CLEMENTE

\*ALSO ADMITTED IN NORTH CAROLINA

PLANTATION PLAZA  
6606 20TH STREET  
VERO BEACH, FLORIDA 32966-7902  
P.O. DRAWER M  
VERO BEACH, FLORIDA 32961-3012

TELEPHONE (561) 567-6480  
VERO FAX (561) 562-0220

December 6, 2002

Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

Re: SARCHI-BIRFIN, L.L.C.

Ladies/Gentlemen:

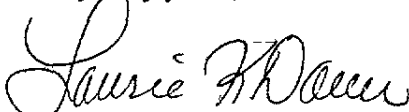
Enclosed herewith please find the following documents:

1. Check #1069 in the amount of \$160.00 representing filing fees for limited liability company; and
2. Articles of Organization for Florida Limited Liability Company.

Please file the Articles or Organization and return proof of filing to me.

Thank you.

Very truly yours,



Laurie K. Davis

Paralegal

Enclosures

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

SARCHI-BIRFIN, L.L.C.

**ARTICLE II - Address:**

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

937 NORTH LAKE WAY, PALM BEACH, FLORIDA 33480

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

KEITH C. AUSTIN, JR. P.A.

Name

340 ROYAL PALM WAY, SUITE 100

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 as provided for in Chapter 608, F.S.*

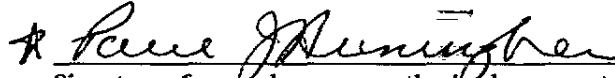
KEITH C. AUSTIN, JR. P.A.

By: 

Registered Agent's Signature

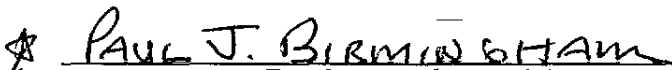
KEITH C. AUSTIN, JR., PRESIDENT

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

\* 

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.)

\*   
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)

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