

LO2000034712

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

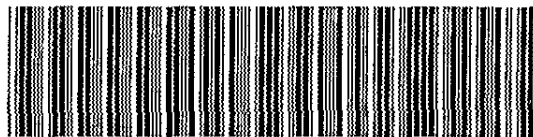
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status 1

Special Instructions to Filing Officer:

12/23 FL LLC CVS

Office Use Only



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CLERK  
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Bill Karger  
Peninsula Holdings North, LLC  
3003 Yamato Road, C-8 #1084  
Boca Raton, FL 33434

December 20, 2002

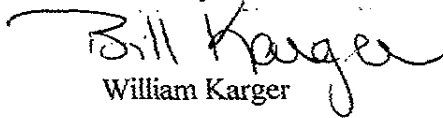
Registration Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

Re: New LLC

Dear Division of Corporations:

Enclosed please find a check in the amount of one hundred and fifty-five (\$130.00) dollars for the filing fee for Peninsula Holdings North, LLC, designation of a registered agent and a certificate of status. If there are any deficiencies with the filing or there are any outstanding questions concerning such, please contact me at (954) 275-5303.

Sincerely,

  
William Karger

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

Peninsula Holdings North, LLC

## ARTICLE II - Address:

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

3003 Yamato Road, C-8 #1084, Boca Raton, FL 33434

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

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

Keith F. Duffy

Name

21707 Sam Simeon Circle

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

Boca Raton

FL 33433

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.*

[Signature]

Registered Agent's Signature

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

[Signature]

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.)

William Karger - Managing Member

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)

STATE  
TALLAHASSEE  
FLORIDA

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