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H Isle, LLC 4500 PGA Boulevard, suite 207 Palm Beach Gardens, FL 33418

telephone: 561 691-9050 facsimile: 561 622-1851

June 30, 2003

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: H Isle, LLC

Dear Sir/Madam:

Enclosed please find the original and one copy of the Articles of Organization and Designation of Registered Agent for H Isle, LLC. I am also enclosing a check in the amount of \$160.00 as payment of the filing fees, certified copy fee, and Certificate of Status.

Please file this document and return the certified copy to me at your earliest convenience. Thank you.

Sincerely,

Otto B. DiVosta,

/me

Enclosures

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations		
SUBJECT: H Isle, LLC		_
(Name of I	Limited Liability Company)	
The enclosed Articles of Organization and Please return all correspondence concerning	_	
Otto B. DiVosta		Q
(Name of Person)	· · · · · · · · · · · · · · · · · · ·	03 JUL -2 PH 1: 10
Harmony of Hobe Sound, Inc.		2 8
(Firm/Company)		堇
4500 PGA Boulevard, Suite 207		
(Address)	•	
Palm Beach Gardens, FL 33418		
(City/State and Zip Cod	le)	
For further information concerning this ma	atter, please call:	
Phillip L. Brandt	at (561) 691-9050	
(Name of Person)	(Area Code & Daytime Telephone Number)	•
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: H Isle, LLC

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:
4500 PGA Boulevard, Suite 207	4500 PGA Boulevard, Sutile 207
Palm Beach Gardens, FL 33418	Palm Beach Gardens, FL 33418

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

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

Otto B. DiVosta

Name

4500 PGA Boulevard, Suite 207

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

Palm Beach Gardens

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..

Registered Agent's Signature

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Membe	Name and Address:
	
MGR	Otto B. DiVosta
	4500 PGA Boulevard, Suite 207
	Palm Beach Gardens, FL 33418
	
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	MGR
	Otto B. DiVosta
(Use attachment if necessary)	
NOTE: An additional article	e must be added if an effective date is requested.
REQUIRED SIGNATURE:	
Signature of	a member or an authorized representative of a member.
of this docum	ce with section 608.408(3), Florida Statutes, the execution nent constitutes an affirmation under the penalties of perjury stated herein are true.)
4500 PG/	A Boulevard, Suite 207
	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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