

L030000 27520

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

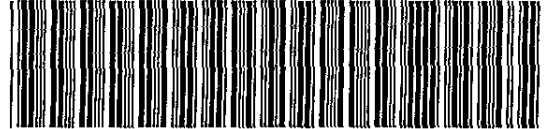
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000021512560

07/23/03--01028--005 **130.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03 JUL 23 AM 11:11

FILED

LAW OFFICES
PORTLEY AND SULLIVAN
LIGHTHOUSE POINT PROFESSIONAL BUILDING
2211 EAST SAMPLE ROAD, SUITE 204
LIGHTHOUSE POINT, FLORIDA 33064-7590
TELEPHONE (954) 781-7600
TELECOPIER FAX (954) 941-3469
email: portleysullivan@compuserve.com

PETER A. PORTLEY, P.A.
WILLIAM F. SULLIVAN, P.A.

July 22, 2003

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

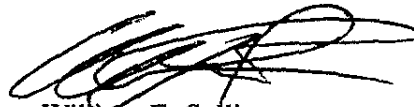
Re: D & G Palms, LLC

Dear Sir/Madam:

I have enclosing for filing the Articles of Organization for D & G Palms, LLC together with our check in the amount of \$130.00 for the filing fee, designation of Registered Agent and Certificate of Status. I have also enclosed a self addressed stamped envelope for your convenience in returning a letter of acknowledgment and Certificate of Status to me.

Thank you for your assistance with this matter.

Sincerely yours,



William F. Sullivan

WFS/hm
cc Mr. David Menten

FILED
03 JUL 23 AM 11:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

D & G Palms, LLC

ARTICLE II - Address:

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

Sawgrass Ford, Attention: Mr. David Menten, 14501 West Sunrise Boulevard,
Sunrise, FL 33323

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

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

Peter A. Portley

Name

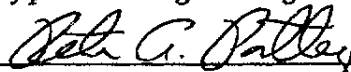
2211 East Sample Road, Suite 204

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

Lighthouse Point FL 33064

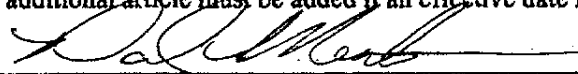
City, State, and Zip

*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

(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.)

David Menten

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
 03 JUL 23 AM 11
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA