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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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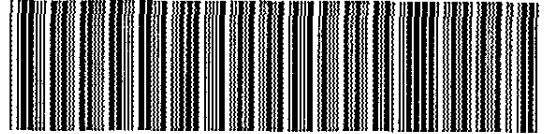
(Business Entity Name)

(Document Number)

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J. BRYAN OCT - 8 2003

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ADVANCED TECHNOLOGY PARTNERS LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

SHELDON JONTIFF

(Name of Person)

(Firm/Company)

5834 BAY HILL CIRCLE

(Address)

LAKE WORTH, FL 33463-6567

(City/State and Zip Code)

For further information concerning this matter, please call:

SHELDON JONTIFF

(Name of Person)

at (561) 357-1258

(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

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: **ADVANCED TECHNOLOGY PARTNERS LLC**

ARTICLE II - Address:

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

Principal Office Address:

5834 BAY HILL CIRCLE
LAKE WORTH, FL 33463-6567

Mailing Address:

5834 BAY HILL CIRCLE
LAKE WORTH, FL 33463-6567

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

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

SHELDON JONTIFF

Name

5834 BAY HILL CIRCLE

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

LAKE WORTH FL 33463-6567

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:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

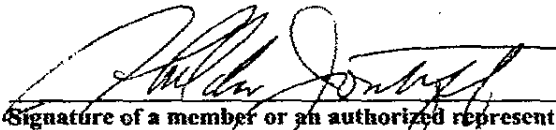
MGRM	SHELDON JONTIFF
	5834 BAY HILL CIRCLE
	LAKE WORTH, FL 33463-6567
MGRM	EDWARD T SAYLOR, JR
	8323 CHINABERRY ROAD
	VERO BEACH, FL 32963

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TALLAHASSEE, FLORIDA

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED 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.)

SHELDON JONTIFF

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)