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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COHEN. NORRIS. SCHERER WEINBERGER & WOLMER

ATTORNEYS AT LAW

FRED C. COHEN, P.A.**
GREGORY R. COHEN
BERNARD A. CONKO*
BLAINE C. DICKENSON
DOMINIC S. LIBERI*
RICHARD J. MEEHAN*
ALFRED G. MORICI*
DAVID B. NORRIS, P.A.
PETER R. RAY
KENNETH J. SCHERER, P.A.
KYLE A. SILVERMAN*
JAMES S. TELEPMAN***
ROBERT M. WEINBERGER, P.A.
BRENT G. WOLMER, P.A.

OF COUNSEL

RICHARD S. RACHLIN, P.A.

RICHARD S. RACHLIN*

*Board Certified Civil Trial Attorney

March 12, 2004

*Of Counsel
**Board Certified Real Estate
***Board Certified Business Litigation

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Articles of Organization for
SENTINEL CAPITAL ENTERPRISES, LLC
Our File No. 99198.000

Dear Sir/Madam:

Enclosed please find the original and one (1) copy of the above referenced Articles of Organization. Upon filing of these articles, please return the certified copy of the articles to the undersigned.

A check in the amount of \$155.00 is enclosed in payment for the for the following fees:

Filing fees/Registered Agent fee	\$125.00
Certified copy of Articles	\$ 30.00
	<u>\$155.00</u>

Your prompt assistance in this matter is greatly appreciated.

Very truly yours,


Larissa K. Lincoln
Legal Assistant

SecLLCSentinelCapital.Ltr
enclosures

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TALLAHASSEE, FLORIDA

A PARTNERSHIP OF PROFESSIONAL ASSOCIATIONS

712 U.S. HIGHWAY ONE • SUITE 400 • P.O. BOX 13146 • NORTH PALM BEACH, FLORIDA 33408-7146
TELEPHONE: (561) 844-3600 • FACSIMILE: (561) 842-4104

**ARTICLES OF ORGANIZATION OF
SENTINEL CAPITAL ENTERPRISES, LLC**

The undersigned hereby forms and establishes a limited liability company pursuant to Chapter 608, Florida Statutes as follows:

ARTICLE I

The name of this limited liability company is SENTINEL CAPITAL ENTERPRISES, LLC.

ARTICLE II

This limited liability company shall have perpetual existence from the **DATE OF FILING** of these Articles of Organization with the Department of State, unless sooner terminated as provided in the Operating Agreement executed or to be executed by the members.

ARTICLE III

The mailing address and street address of the principal place of business of this limited liability company is 7844 Red River Rd., West Palm Beach, FL 33411. This limited liability company may, at its discretion, change the address of its principal place of business.

ARTICLE IV

The name and street address of the initial registered agent of this limited liability company is MICHAEL KIJANKA, 7844 Red River Rd., West Palm Beach, Florida 33411.

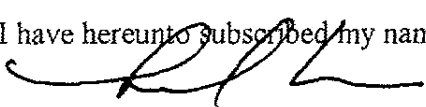
ARTICLE V

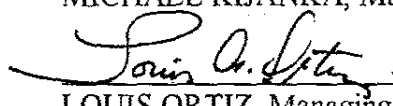
The management of this limited liability company shall be vested in a member or members (i.e. management committee as described in the Operating Agreement) and is, therefore, a member-managed company.

ARTICLE VI

Additional members may be admitted to this limited liability company upon such terms and conditions as shall be established by the members as described in the Operating Agreement.

IN TESTIMONY WHEREOF, I have hereunto subscribed my name this 9th day of March, 2004.


MICHAEL KIJANKA, Managing Member


LOUIS ORTIZ, Managing Member

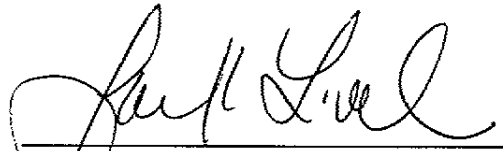
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE OF FLORIDA)

COUNTY OF PALM BEACH)

The foregoing instrument was acknowledged before me this 9th day of March, 2004, by MICHAEL KIJANKA and LOUIS ORTIZ, who are personally known to me or who have produced Florida State Driver's License Number N/A as identification and who did () or did not (X) take an oath.

Executed this 9th day of March, 2004.



Signature of Notary

Printed Name: LARISSA K. LINCOLN

My Commission Expires:

My Commission Number:



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TALLAHASSEE, FLORIDA

**CERTIFICATE DESIGNATING REGISTERED
OFFICE FOR THE SERVICE OF PROCESS
WITHIN THIS STATE, NAMING AGENT
UPON WHOM PROCESS MAY BE SERVED**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

That **SENTINEL CAPITAL ENTERPRISES, LLC**, a Florida Limited liability company, with its registered office at 7844 Red River Rd., West Palm Beach, Florida 33411, has named **MICHAEL KIJANKA**, at the same address, as its initial registered agent to accept service of process within this State.

ACKNOWLEDGMENT:

Having been named registered agent to accept service of process for the above-stated limited liability company at the place designated in this Certificate, I hereby accept to act in such capacity and agree to comply with the applicable provisions of law.

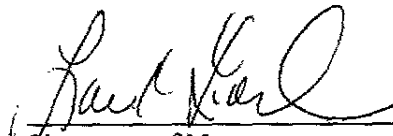
By: 
MICHAEL KIJANKA
Registered Agent

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE OF FLORIDA)
)
COUNTY OF PALM BEACH)

The foregoing instrument was acknowledged before me this 9th day of March, 2004 by **MICHAEL KIJANKA**, who is personally known to me or who has produced Florida State Driver's License Number N/A as identification and who did () or did not (X) take an oath.

Executed this 9th day of March, 2004.


Signature of Notary
Printed Name: LARISSA K. LINCOLN
My Commission Expires:
My Commission Number:

