# L040000029739

(Re	equestor's Name)		
(Ac	ddress)		
(Ac	ddress)		
(Ci	ty/State/Zip/Phon	e #)	
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	Certificates	s of Status	
Special Instructions to	Filing Officer:		

Office Use Only

2004 APR 12 P 2: 03



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04/12/04--01117--005 \*\*125.00

2500 N. Military Trail # 260, Boca Raton, Florida 33431 Tel (561) 953-1050 • Fax (561) 953-1940

## Arnold S. Goldstein & Associates, LLC

2004 APR 12 P 2: 03

SECRETARY OF STATE TALLAHASSEE, FLORIDA

April 7, 2004

Registration Section Divisions of Corporations PO Box 6327 Tallahassee, FL 32314

#### Re: FLORES GROUP, LLC

We are enclosing a check in the amount of \$125 as filing fees for the Florida Limited Liability Company. The Articles of Organization form is filled out and signed.

All correspondence should be through our office. Thank you.

Sincerely,

Barbara P. Schwartz

Barbara P. Schwartz

#### TRANSMITTAL LETTER

TO: Registration Section Division of Corporations

SUBJECT: FLORES GROUP, LLC SECRETARY OF STATE (Name of Limited Liability Company)

TALLAMASSEE, FLORIDA

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

Please return all correspondence concerning this matter to the following:

Barbara Schwartz

(Name of Person)

Arnold Goldstin + Associates

(Firm/Company)

2500 N. Military Trail # 260

(Andress)

Boca Raten FC 33431

(City/State and Zip Code)

For further information concerning this matter, please call:

Barbara Schwartz at (S61, 953-1050)

(Name of Person)

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**

FILED

## FLORIDA LIMITED LIABILITY COMPANY 2004 APR 12 P 2: 04

ARTICLE I - Name: The name of the Limited Liability Company is:	SECRETARY OF STATE TALLAMASSEE, FLORIDA
FLORES GRO	UP, 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:
201 Orange Tree Unive Atlantis FL 33467	
Atlantis FL 33467	
ARTICLE III - Registered Agent, Registered Office The name and the Florida street address of the registered	ed agent are:
Robert Lien	` .
201 Orange T Florida street address (P.9. Box N	Tree Drive  OT acceptable)
Atlantis FL City, State, and Zip	LORIDA 33467
ng been named as registered agent and to accept service of joing the place designated in this certificate, I hereby accept to act in this capacity. I further agree to comply with the pr	ept the appointment as registered agent and

Page 1 of 2 (CONTINUED)

Registered Agent's Signature

Robert & diem

ARTICLE IV- Manager(s) or Managing Member(s):

FILED

The name and address of each Manager or Managing Member is as follows:

The hame and address of each manage	a or managing memoer is as follows.	
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	2004 APR 12 P 2: 04  SECRETARY OF STATE TALLAHASSEE, FLORIDA
M6R	Robert Liem 201 Orange Tre Atlantis PC 334	
mar	Ang Riem 2012 orange Tree Atlanti's Ft 334	e Drive 67
(Use attachment if necessary)		
NOTE: An additional article must be REQUIRED SIGNATURE:	oe added if an effective date is reque	sted.
	best to lien	
	authorized representative of a member.	
(In accordance with section 60 of this document constitutes and that the facts stated herein are	98.408(3), Florida Statutes, the execution affirmation under the penalties of perjury true.)	
Rober	t hiem	
Typed or p	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)