# L040000349/50

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UF	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
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2004 HAY -3 P 2: 46



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### TRANSMITTAL LETTER

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TO:	_		on Section of Corporations					201	I4 MAY	-3	P	2: 48	
SUBJE	CT: ,	11	The	Far	2 to	alm	$v_{\perp}$	L.	LIVII	ODETA LAHA	ARY SSE	OF S	STATE _ORID/
				(Name of I	imited Liab	ility Compa	uny)					•	

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

Please return all correspondence concerning this matter to the following:

Dee Dieudonnée Mchamara (Name of Person)
the Fan Palm L. L. Q. (Firm/Company)
422 North haleside Drive
Rake Worth 33460 (City/State and Zip Code)

For further information concerning this matter, please call:

Dee McNamara at (561) 547-3996

(Name of Person) at (561) 647-3996

(Area Code & Daytime Telephone Number) Fax.

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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#### ARTICLES OF ORGANIZATION

**FOR** 

2004 MAY -3

FLORIDA LIMITED LIABILITY COMPA

ARTICLE I - Name:	" TELL WINDOLL / LONION
The name of the Limited Liability Company is:	-
"The Fan palm"	LLC.
ARTICLE II - Address: The mailing address and street address of the prince	cipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
422 No. Lakeside Dr.	Same
Florida 33460	

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are:

lorida street address (P.O. Box NOT acceptable

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, Florida Statutes..

Registered Agent's Signature

Page 1 of 2 (CONTINUED)

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ARTICLE I The name an	IV- Manager(s) or Managi ad address of each Manager	ing Member(s): or Managing Member is as follo	ows:2004 MAY -3 P 2: 46
<u>Title:</u> "MGR" = M		Name and Address:	SECRETARY OF STATE TALLAHASSEE. FLORIDA
MGP.		Caire Kaga 5666 Huntington 1300a Robon	ark Crurt FL. 33406
MGR		Caurence McNai 122 No. Lakes Cake Worth Ho	mara mara mastr mastr
MGF	₹	Murray Kagar 5666 Huntington Bosa Rajon FI.	2 Brecourt 33496
(Use attachn	ment if necessary)		
REQUIRE	Signature of a member or an a	added if an effective date is reactive date is reactive of a member of a membe	er
		inted name of signee	_
Filing Fees: \$100.00 Filing Fee for A \$ 25.00 Designation of \$ 30.00 Certified Copy \$ 5.00 Certificate of S	(Optional)	·	