

Florida Department of State

Division of Corporations Public Access System SECRETARY OF STATE TALLAHASSEE, FLORIDA

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To

Division of Corporations

Fax Number : (850)205-0383

Exom:

Account Name : SHAPIRO & ADAMS, P.A.

Account Number : I19990000101'
Phone : (561)691-0059
Fax Number : (561)691-0066

04 HAY 25 PM 1: 26 VISION OF CORPORATION

LIMITED LIABILITY COMPANY

Asset Accumulation, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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Electronic Filing Manua

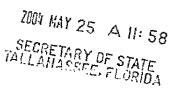
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Public Access Help

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY



	<u> </u>	<u> </u>	·	
ARTICLE II - Addre	85:			
The mailing address an	nd street address of the p	rincipal office of the Limited Liability Con	npany	
Principal Office Address:		Mailing Address:	Mailing Address;	
2401 PGA Boulevard, Su	ite 272	2401 PGA Boulevard		
Pelm Beach Gardens, FL 33410		Cuita 272	Suite 272	
-aan beach Garbers, FL	_ 34410	Deno Ere.		
-am beach Gardens, FL	30410	Palm Beach Gardens, FL 33410		
ARTICLE III - Regist The name and the Flori	tered Agent, Registere da street address of the n R. Borawski	Palm Beach Gardens, FL 33410 d Office, & Registered Agent's Signature registered agent are:	**	
ARTICLE III - Regist The name and the Flori	tered Agent, Registere da street address of the	Palm Beach Gardens, FL 33410 d Office, & Registered Agent's Signature registered agent are:	**	
ARTICLE III - Regist The name and the Flori John	tered Agent, Registere da street address of the n R. Borawski	Palm Beach Gardens, FL 33410 d Office, & Registered Agent's Signature registered agent are:	**	

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 IV- Manager(s) or Manager and address of each Manager	aging Member(s): er or Managing Member is as follows:	FILEC 2004 MAY 25 A II
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	TALLAHASSFE, FLOR
MGRM	John R. Borawski 2401 PGA Boulevard, Suite 272 Palm Beach Gardens, FL 33410	
(Use attachment if necessary)		
NOTE: An additional article must REQUIRED SIGNATURE:	be added if an effective date is requested.	
(In accordance with section 6	08.408(3), Florida Statutes, the execution	- -

Filing Fees:
\$109.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Capy (Optional)
\$ 5.00 Certificate of Status (Optional)

that the facts stated herein are true.)

John R. Borawski

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Typed or printed name of signee