

L040000 40196

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

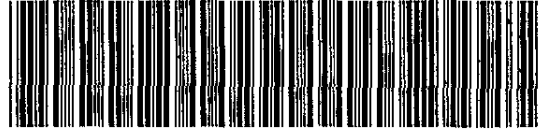
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/21/04--01076--010 **462.50

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04 MAY 21 PM 11:23
TALLAHASSEE, FLORIDA

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

**Arnold S. Goldstein &
Associates, LLC**

May 18, 2004

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

Re: 1) ULTIMAR, LLC,
2) GRAND ISLE GROUP, LLC
3) SHOALWATER, LLC
4) OLYMPIAN TRIO LIMITED PARTNERSHIP

We are enclosing a check in the amount of \$462.50 as filing fees for the three (3) Florida Limited Liability Companies and one (1) Florida Limited Partnership. The (3) Articles of Organization & Transmittal Letters are filled out and signed. The one (1) Certificate of Limited Partnership & Capital Contribution letter is included.

All correspondence should be through our office. Thank you.

Sincerely,

Barbara P. Schwartz

Barbara P. Schwartz

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ULTIMAR, 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:

Barbara Schwartz
(Name of Person)

Arnold Goldstein + Associates, LLC
(Firm/Company)

2500 N. Military Trail #260
(Address)

Boca Raton FL 33431
(City/State and Zip Code)

For further information concerning this matter, please call:

Barbara Schwartz at 561, 953-1050
(Name of Person) (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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**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

ULTIMAR, 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:

4274 Danielson Drive
Lake Worth FL 33467

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

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

Jamal Abdel-Halim
Name

4274 Danielson Drive
Florida street address (P.O. Box **NOT** acceptable)

Lake Worth FLORIDA 33467
City, State, and Zip

FILED
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

04 MAY 21 PM 11:23

FILED

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..

TH

Registered Agent's Signature

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:

MGR

Jamal Abdel-Halim
4274 Danielson Drive
Lake Worth FL 33467

MGRM

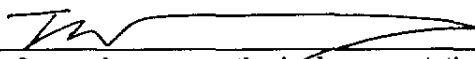
Olympian Trio Limited Partnership
4274 Danielson Drive
Lake Worth FL 33467

(Use attachment if necessary)

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TALLAHASSEE, FLORIDA

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.)

Jamal Abdel-Halim
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)