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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: B & L ASSOCIATES OF BOYNTON 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:

STEVEN M. AUERBACHER, ESQ.
(Name of Person)

STEVEN M AUERBACHER, PA
(Firm/Company)

200 CONGRESS PARK DRIVE SUITE 104
(Address)

DELRAY BEACH, FL 33445
(City/State and Zip Code)

For further information concerning this matter, please call:

STEVEN AUERBACHER at (561) 394-9311
(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:

B & L ASSOCIATES OF BOYNTON LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

200 CONGRESS PARK DR, SUITE 100

DELRAY BEACH FL 33445

Mailing Address:

200 CONGRESS PARK DR, SUITE 100

DELRAY BEACH FL 33445

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

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

STEVEN M. AUERBACHER, PA

Name

200 CONGRESS PARK DR, SUITE 104

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

DELRAY BEACH FLORIDA 33445

City, State, and Zip

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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..

STEVEN M. AUERBACHER, PA

By: 

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:

MGRM

PATRICK S KIRSE

200 CONGRESS PARK DR., SUITE 100

DELRAY BEACH, FL 33445

MGRM

CHRISTOPHER CROSBY

200 Congress Park Dr., SUITE 101

DELRAY BEACH, FL 33445

(Use attachment if necessary)

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.)

By: PATRICK KIRSE

Typed or printed name of signee

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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)