

W4000059910

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies

1

Certificates of Status

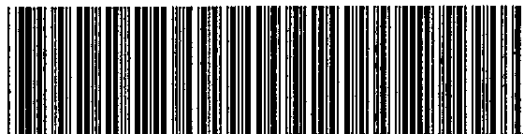
Special Instructions to Filing Officer:

8/9

FL LC

CC

Office Use Only



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MJH

STATE
TALLAHASSEE
FLORIDA

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FILED

absolute**business**sm

August 4, 2004

Registration Section
Division of Corporations
Post Office Box 6327
Tallahassee FL 32399

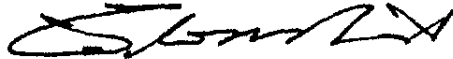
RE: Filing of Palm Beach GNC LLC

To Whom It May Concern:

Please file the enclosed Articles of Organization for Florida Limited Liability Company, Palm Beach GNC LLC. I have enclosed check number 1864 in the amount of \$155.00 for the Filing Fee, Designation of Registered Agent, and Certified Copy.

Should you have any questions, please feel free to contact me at eneils@absolutebusiness.net or directly at 414.224.9595.

Very truly yours,
AbsoluteBusiness LLC



Attorney Elise M. Neils

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Palm Beach GNC 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:

Elise M. Neils
(Name of Person)

AbsoluteBusiness LLC
(Firm/Company)

785 N. Jefferson St.
(Address)

Milwaukee, WI 53202
(City/State and Zip Code)

For further information concerning this matter, please call:

Elise M. Neils at (414) 224-9595
(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

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

Palm Beach GNC LLC

ARTICLE II - Address:

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

Principal Office Address:

300 S. Point Dr.

#2302

Miami Beach, FL 33139

Mailing Address:

300 S. Point Dr.

#2302

Miami Beach, FL 33139

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

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

William N. Jaeger

Name

300 S. Point Dr., #2302

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

Miami Beach

FLORIDA 33139

City, State, and Zip

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

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TALLAHASSEE, FLORIDA

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:

Managing Member

William N. Jaeger

300 S. Point Drive #2302

Miami Beach, FL 33139

(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.)

William N. Jaeger

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)