

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To: 04 AUG 20 KIN.

Division of Corporations

Fax Number

: (850)205-0383

Account Name

: EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255

: (305)634-3694

Fax Number : (305)633-9696

## LIMITED LIABILITY COMPANY

northtree family building, Ilc

Certificate of Status Certified Copy 1 Page Count 04 Estimated Charge \$155.00





## ARTICLES OF ORGANIZATION FOR FLORIDALIMITED LIABILITY COMPANY

Northtree Family	Building, LLC	
RTICLE II - The mailing add		f the principal office of the Limited Liability Company
Principal Office Address:		Mailing Address:
23117 Boca Club Colony Circle		23117 Bocs Club Colony Circle
Boca Raton, FL 33433		Boca Raton, FL 33433
		istered Office, & Registered Agent's Signature: of the registered agent are:
		of the registered agent are:
	he Florida street address	of the registered agent are:
	he Florida street address	Name
	Patricia Baris  23117 Boca Club Colo	of the 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..

Page 1 of 2 (CONTINUED)

HNI INN

P.02/04

## The name and address of each Manager or Managing Member is as follows: Name and Address:

ARTICLE IV- Manager(s) or Managing Member(s):

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
Managing Member	Patricia Baris
	23117 Boca Club Colony Circle
<del>-</del>	Boca Raton, FL 33433
Managing Member	Gary Baris
	23117 Boca Club Colony Circle
	Boca Raton, FL 33433
Managing Member	Paula Chalock
	283 32nd Street
	Lindenhurst, NY 11757
Managing Member	Juan Carlos Roldan
	18284 Cisarbrooke Circle
	Boca Raton, FL 33498
(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.)

Patricia Baris

Typed or printed name of signee

04 NUE 20 AM ID: 57

## HUHUUUI 1UOU 1

Additional Page

Article IV - Manager(s) or Managing Member(s) cont.

Title:

Name and Address:

Managing Member

Dora Roldan

18284 Clearbrooke Circle Boca Raton, FL 33498

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