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IN SERVICE COMPANY	- Elz.
ACCOUNT NO. : 072100000032	, ,
REFERENCE: 866536 10463A	超量力
AUTHORIZATION: Patricia Mut	PE 30
COST LIMIT : \$ 155.00	SERGI Z
ORDER DATE: August 27, 2004 ORDER TIME: 8:57 AM	STATE A FLORIDA
ORDER NO. : 866536-020	
CUSTOMER_NO: 10463A	
CUSTOMER: Ms. Larissa K. Lincoln Cohen Norris Scherer Weinberger & Wolmer Suite 400 712 U.s. Highway 1 North Palm Bch, FL 33408-7146	
DOMESTIC FILING	
NAME: BOYNTON WATERFRONT VENTURES, LLC	
EFFECTIVE DATE: 8-27-04	
ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP ARTICLES OF ORGANIZATION	
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:	
XX CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING	• .
CONTACT PERSON: Sara Lea - EXT. 2914	T.Q •

ARTICLES OF ORGANIZATION OF BOYNTON WATERFRONT VENTURES, LLC

The undersigned hereby forms and establishes a limited liability compa Chapter 608, Florida Statutes as follows:

ARTICLE I

The name of this limited liability company is BOYNTON WATERFRONT LLC.

ARTICLE II

This limited liability company shall become effective AUGUST 27, 2004, unless sooner terminated as provided in the Operating Agreement executed or to be executed by the members..

ARTICLE III

The mailing address and street address of the principal place of business of this limited liability company is 7 Danby Place, Boynton Beach, FL 33426. This limited liability company may, at its discretion, change the address of its principal place of business.

ARTICLE IV

The name and street address of the initial registered agent of this limited liability company is ANDREW M. JACOBSON, 712 U.S. Highway One, Suite 400, North Palm Beach, Florida 33408.

ARTICLE V

The management of this limited liability company shall be vested in a member or members (i.e. management committee as described in the Operating Agreement) and is, therefore, a member-managed company. The managing member is Anthony G. Rogers, 7 Danby Place, Boynton Beach, FL 33426.

ARTICLE VI

Additional members may be admitted to this limited liability company upon such terms and conditions as shall be established by the members as described in the Operating Agreement.

IN TESTIMONY WHEREOF, I have hereunto subscribed my name this August, 2004.

ANDREW M. JACOBSON,

Authorized Representative of a Member

Aug-27-84	04:12pm	From-COHEN	NORRIS	SCHERER
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561-842-4104

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STATE OF FLORIDA

COUNTY OF PALM BEACH

The foregoing instrument was acknowledged before me this day of August, 2004, by ANDREW M. JACOBSON, who is personally known to me or who has produced Florida State Driver's License Number as identification and who did () or did not () take an oath.

Executed this Hydray of August, 2004.

Signature of Notary

Printed Name: LARISSA-K. LINCOLN

My Commission Expires: My Commission Number:





CERTIFICATE DESIGNATING REGISTERED OFFICE FOR THE SERVICE OF PROCESS WITHIN THIS STATE, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED

PURSUANT TO THE PROVISIONS OF SECTION 608,415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

That BOYNTON WATERFRONT VENTURES, LLC, a Florida Limited liability company, with its office at 7 Danby Place, Boynton Beach, FL 33426, has named ANDREW M. JACOESON. at 712 U.S. Highway One, Ste 400, North Palm Beach, FL 33408 as its initial registered agent to accept service of process within this State.

ACKNOWLEDGMENT:

Having been named registered agent to accept service of process for the above-stated limited liability company at the place designated in this Certificate, I hereby accept to act in such capacity and agree to comply with the applicable provisions of law.

ANDREW M. JACOBSON,
Registered Agent

STATE OF FLORIDA

COUNTY OF PALM BEACH

The foregoing instrument was acknowledged before me this 21 day of August, 2004,
by ANDREW M. JACOBSON, who is personally known to me or who has produced Florida
State Driver's License Number as identification and who did ()
or did not () take an oath.

Executed this 21 day of August, 2004.

Signature of Notary

Printed Name: LARISTA K.

My Commission Expires:

My Commission Number

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