

L04000089523

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

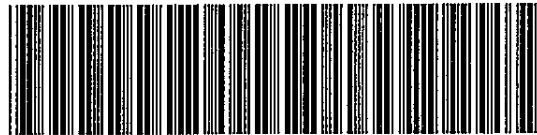
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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EFFECTIVE DATE
12/9/04
FILED
04 DEC 10 AM 9:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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04 DEC 10 PM 2:48
FILE
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 076320 10463A

AUTHORIZATION : *Patricia Pizante*

COST LIMIT : \$ 155.00

EFFECTIVE DATE
12/9/04

ORDER DATE : December 10, 2004

ORDER TIME : 12:19 PM

ORDER NO. : 076320-005

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

FILED
04 DEC 10 AM 9:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOMESTIC FILING

NAME: BOURASSA, LLC

EFFECTIVE DATE: 12/9/04

____ ARTICLES OF INCORPORATION
____ CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
____ PLAIN STAMPED COPY
____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward - EXT. 2935

EXAMINER'S INITIALS: _____

**ARTICLES OF ORGANIZATION OF
BOURASSA, LLC**

EFFECTIVE DATE

12/9/04

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

ARTICLE I

The name of this limited liability company is BOURASSA, LLC.

ARTICLE II

This limited liability company shall become effective on DECEMBER 9, 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 399 N. Cypress Dr., Tequesta, FL 33469. This limited liability company may, at its discretion, change the address of its principal place of business.

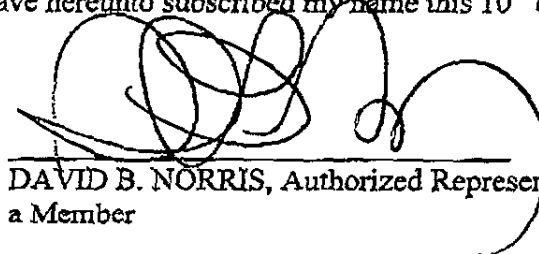
ARTICLE IV

The name and street address of the initial registered agent of this limited liability company is DAVID B. NORRIS, 712 U.S. Highway One, Ste 400, North Palm Beach, FL 33408.

ARTICLE V

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 10th day of December, 2004.



DAVID B. NORRIS, Authorized Representative of
a Member

STATE OF FLORIDA)
)
COUNTY OF PALM BEACH)

The foregoing instrument was acknowledged before me this 10th day of December, 2004, by DAVID B. NORRIS, who is personally known to me or who has produced Florida State Driver's License Number _____ as identification and who did () or did not (X) take an oath.

Executed this 10th day of December, 2004.

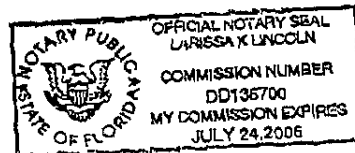


Signature of Notary

Printed Name:

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 **BOURASSA, LLC**, a Florida Limited liability company, with its office at 399 N. Cypress Dr., Tequesta, FL 33469, has named **DAVID B. NORRIS**, 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.

By:


DAVID B. NORRIS,


Registered Agent

STATE OF FLORIDA)

COUNTY OF PALM BEACH)

The foregoing instrument was acknowledged before me this 10th day of December, 2004 by **DAVID B. NORRIS**, who is personally known to me or who has produced Florida State Driver's License Number _____ as identification and who did () or did not (X) take an oath.

Executed this 10th day of December, 2004.


Signature of Notary

Printed Name:

My Commission Expires:

My Commission Number:

