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(Reque	estor's Name)	
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(City/S	tate/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(Busin	ess Entity Name)	
(Docur	nent Number)	
•	·	
Certified Copies	Certificates of	Status
Special Instructions to Fili	ng Officer:	
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Office Use Only



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2004 DEC -9 PM 1: 51 SECRETARY of STATE

10/2/16/04

: TRANSMITTAL LETTER

	ation Sec n of Corp	tion porations						
SUBJECT: 91	27 DEL	EMAR COURT, LLC (Name of Limite	d Liability Cor	mpany)		<u> </u>		
The enclosed Ar	ticles of	Organization and fee(s) are s	ubmitted for fi	ling.				
Please return all	correspo	ndence concerning this matte	er to the follow	ing;				
DI	ENA W	EBSTER						
		(1	Name of Person)				
9127 DELEM	AR COI	JRT, LLC						
			Firm/Company)					
ONE	CLEAR	RLAKE CENTRE, 250 S. A		AVE., SUITE 16	03			
			(Address)			4		
	WEST	FPALM BEACH, FL 3340	1			SECRI	2004 DI	pri
		(City	/State and Zip C	Code)		HASSE	6-35	
For further infor	mation o	concerning this matter, please	call:			F FLO	DEC -9 PM 1: 5	C
DENA WEBST	ΓER		at (_561	252-6218		RIC RIC	5	
	(Name	of Person)		Code & Daytime To	elephone Number)	—>		
Enclosed is a c	heck fo	r the following amount:						
7 \$125.00 Filir	ng Fee	☐ \$130.00 Filing Fee & Certificate of Status	Certified C	O Filing Fee & Copy opy is enclosed)	☐ \$160.00 Fill Certificate of S Certified Cop (additional copy i	Status & y		
	Regist Divisio 409 E.	ET ADDRESS: ration Section on of Corporations Gaines Street assee, Florida 32399		MAILING A Registration S Division of Co P.O. Box 632 Tallahassee, F	Section orporations 7			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ART	ICI	EI	- N	ame:

The name of the Limited Liability Company is:

9127 DELEMAR COURT. LLC	_
	1

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

ONE CLEARLAKE CENTRE
250 S. AUSTRALIAN AVE., SUITE 1603
WEST PALM BEACH, FL 33401

ONE CLEARLAKE CENTRE
250 S. AUSTRALIAN AVE., SUITE 1603
WEST PALM BEACH, FL 33401

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

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

Name

250 S. AUSTRALIAN AVE., SUITE 1603

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

WEST PALM BEACH, FL 33401_{FL}

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, F.S..

Registered Agent's Signature

(CONTINUED)

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
MGRM	DENA WEBSTER 250 S. AUSTRALIAN AVE., SUITE 1603 WEST PALM BEACH, FL 33401	
MGRM	NICOLE ZWIBEL 250 S. AUSTRALIAN AVE., SUITE 1603 WEST PALM BEACH, FL 33401	
(Use attachment if necessary)		a
NOTE: An additional article must be a	added if an effective date is requested.	
(In accordance with section of this document constitutes that the facts stated herein DENA WEBSTER	608.408(3), Florida Statutes, the execution an affirmation under the penalties of perjury	FILLEU FILLEU
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Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)