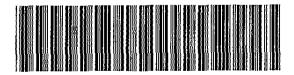
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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name)	
(Do	cument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	

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CHUEC 28 PH 3: PAECRETARY OF STAIR AND THE S

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TRANSMITTAL LETTER

TO: Registration S Division of C			
SUBJECT:	COLSON 4 LLC		
	(Name of Limite	ed Liability Company)	· · · · · · · · · · · · · · · · · · ·
The enclosed Articles	of Organization and fee(s) are s	submitted for filing.	
Please return all corres	pondence concerning this matte	er to the following:	
	WAYNE W DUNICH-KOLB		
 	(Name of Person)	
1	DUNICH-KOLB LLC		
	(Firm/Company)	
	45 WEST WILDWOOD ROA	D	
		(Address)	TALL
	SADDLE RIVER, NEW JE		2004 DEC 28 PM 3: 34 SECRETARY OF STATE TALLAHASSEE, FLORID
	(City,	State and Zip Code)	FR OF
For further information	concerning this matter, please	call:	STAT FLOR
WAYNE DUNICE		at (O DA
(Name	e of Person)	(Area Code & Daytime T	elephone Number)
Enclosed is a check for	or the following amount:		
☐ \$125.00 Filing Fee	□ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	Status & Certificate of Status & Certified Copy (additional copy is enclosed)
	EET ADDRESS:	MAILING A	

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

COLSON 4 LLC		<u>-</u>
ARTICLE II - Address: The mailing address and street address of the	ne principal office of the Limited Liability	Company is:
Principal Office Address:	Mailing Address:	ı
6793 PARK LANE	6793 PARK LANE LAKE WORTH, FLORIDA 33467	
LAKE WORTH, FLORIDA 33467	LAKE WORTH, FEORIEM 33401	
		
ARTICLE III - Registered Agent, Registe	ered Office, & Registered Agent's Signat	ture:
The name and the Florida street address of t	the registered agent are:	크 23
		マの 生
,	uie registered agent are.	
KENNETH J COLSON		ALLAHA ALLAHA
KENNETH J COLSON	lame	IN DEC 28 SECRETAR SECRETAR
KENNETH J COLSON	lame	M DEC 28 P
KENNETH J COLSON N 19203 NORTH CREEKSHO	lame	M DEC 28 PM SECRETARY OF S
KENNETH J COLSON N 19203 NORTH CREEKSHO	ore court	IN DEC 28 PM 3: 3 SECRETAR OF STAT
KENNETH J COLSON N 19203 NORTH CREEKSHO Florida stree BOCA RATON	ORE COURT et address (P.O. Box <u>NOT</u> acceptable)	IN DEC 28 PM 3: 34 SECRETARY OF STATE A
KENNETH J COLSON N 19203 NORTH CREEKSHO Florida stree BOCA RATON City, St. Having been named as registered agent and liability company at the place designated registered agent and agree to act in this cap statutes relating to the proper and complete	ORE COURT et address (P.O. Box <u>NOT</u> acceptable) FL 33498	ntment as visions of all ar with and

(CONTINUED)

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

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

Title:	Name and Address:			
"MGR" = Mana	nger naging Member			
MOIOV - Ma	maging intermoci			
MGRM	KENNETH J COLSON			_
	19203 NORTH CREEKSHORE COURT			
	BOCA RATON, FLORIDA 33498			
MGRM	JOY A COLSON			
-	19203 NORTH CREEKSHORE COURT			
	BOCA RATON, FLORIDA 33498			
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-	· · · · · · · · · · · · · · · · · · ·			· ·
(Use attachment	t if necessary)			
NOTE: An ad-	ditional article must be added if an effective date is requested.	_		
MOXE. All au	anional article must be added it an effective date is requested.	ZS	2004	
REQUIRED SI	ignature:	i CR	5	
-	\sim / /	HE I	330	T
	α	SSI SSI	28	F
	Signature of a member or an authorized representative of a member.	E _O		
	•	₹.°	2	D
	(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury	TARY OF STATE ASSEE, FLORIDA	ယ္	
	that the facts stated herein are true.)	DA A	<u>3</u>	
	KENNETH J COLSON			

Typed or printed name of signee

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)