

L05000006619

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

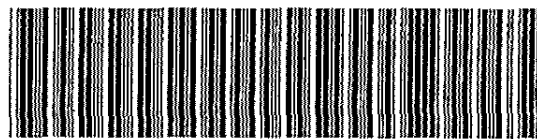
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W04-47834

511

Office Use Only



200042994082

12/15/04--01035--003 **125.00

FILED

2005 JAN -7 AM 8:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4/2/05



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

December 27, 2004

ROSEMARY JACOLUCCI
7777 GLADES ROAD, STE. 110
BOCA RATON, FL 33434

SUBJECT: AMTRUST BANK PLAZA LLC
Ref. Number: W04000047034

We have received your document for AMTRUST BANK PLAZA LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Written approval and clearance of the terms BANK, BANC, BANKER, BANKING, TRUST COMPANY, BANCSHARES, SAVINGS & LOAN ASSOCIATION, SAVINGS BANK, or CREDIT UNION or words of similar import, must be obtained from the Office of Financial Institutions, pursuant to section 655.922(2a), Florida Statutes.

Enclosed is a "Name Approval Request" form to be filled out and sent to the address indicated on the form. If the proposed name is approved by the Office of Financial Institutions, resubmit the document and approval letter to the Division of Corporations for filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6890.

Jason Merrick
Document Specialist

Letter Number: 004A00071426

2005 JAN -7 AM 8:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

SHAPIRO & BLASI
WASSERMAN, P.A.

ATTORNEYS AT LAW

ANDREW B. BLASI
ANDREW M. DECTOR*
DANIEL R. LEVINE**
MICHAEL B. SHAPIRO
JEFFREY P. WASSERMAN

ROBIN I. COHEN
DAVID ELTRINGHAM***
PENNY E. GRADES

* ADMITTED IN FL & NJ
** BOARD CERTIFIED LABOR & EMPLOYMENT LAWYER
*** ADMITTED IN FL & NY

CORPORATE CENTRE AT BOCA RATON
SUITE 110
7777 GLADES ROAD
BOCA RATON, FLORIDA 33434

TELEPHONE (561) 477-7800

FAX (561) 477-7722

BROWARD (954) 989-8100

E-MAIL: attorneys@ShapiroBlasiWasserman.com

www.ShapiroBlasiWasserman.com

OF COUNSEL
SANFORD L. MUCHNICK

HOLLYWOOD OFFICE
EMERALD VILLAGE PROFESSIONAL PLAZA
3864 SHERIDAN STREET
HOLLYWOOD, FLORIDA 33021

VIA FEDERAL EXPRESS

January 5, 2005

Jason Merrick, Document Specialist
Florida Department of State
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

Re: Rejected Filing - Reference Number W04000047034

Dear Mr. Merrick:

In connection with the referenced rejected filing, enclosed please find new Articles of Organization for ABP/DELRAY, LLC, which replaces the Articles previously submitted for the name "Amtrust Bank Plaza LLC". We removed the "bank" reference from the name completely so as to eliminate any requirements for name approval.

You are already in receipt of the filing fees of \$125.00.

If you should have any questions, please do not hesitate to contact our office.

Very truly yours,



Rosemary Jacolucci
Legal Assistant

/rj
Enclosure

FILED
2005 JAN -7 AM 8:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SHAPIRO & BLASI
WASSERMAN, P.A.

ATTORNEYS AT LAW

ANDREW B. BLASI
ANDREW M. DECTOR*
DANIEL R. LEVINE**
MICHAEL B. SHAPIRO
JEFFREY P. WASSERMAN

ROBIN I. COHEN
DAVID ELTRINGHAM***
PENNY E. GRADES

* ADMITTED IN FL & NJ
** BOARD CERTIFIED LABOR & EMPLOYMENT LAWYER
*** ADMITTED IN FL & NY

CORPORATE CENTRE AT BOCA RATON
SUITE 110
7777 GLADES ROAD
BOCA RATON, FLORIDA 33434

TELEPHONE (561) 477-7800
FAX (561) 477-7722

BROWARD (954) 989-8100
E-MAIL: attorneys@ShapiroBlasiWasserman.com
www.ShapiroBlasiWasserman.com

OF COUNSEL
SANFORD L. MUCHNICK

HOLLYWOOD OFFICE
EMERALD VILLAGE PROFESSIONAL PLAZA
3864 SHERIDAN STREET
HOLLYWOOD, FLORIDA 33021

December 14, 2004

Florida Department of State
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

Re: **AMTRUST BANK PLAZA LLC**

Gentlemen:

In connection with the referenced entity, enclosed please find new Articles of Organization and Registered Agent Certificate, together with our check in the sum of \$125.00 representing the filing fee.

Please stamp the enclosed copy and return with your receipt.

Thank you for your cooperation. Should you have any questions, please call.

Very truly yours,



Rosemary Jacolucci
Legal Assistant

rxj
Enclosure

FILED
2005 JAN -7 AM 8:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name

The name of the Limited Liability Company is: **ABP/DELRAY, LLC**

ARTICLE II - Address

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

ABP/DELRAY, LLC
6827 West Commercial Boulevard
Tamarac, Florida 33319

ARTICLE III - Duration

The period of duration for the Limited Liability Company shall be: perpetual.

ARTICLE IV - Management

The Limited Liability Company is to be managed by the members and the names and addresses of the members are:

Sublime, Inc.
6827 West Commercial Boulevard
Tamarac, Florida 33319

ARTICLE V - Additional Members

Additional members to the Limited Liability Company may be admitted, but only if all the current members agree to the admission of the additional members and to the terms of admission.

ARTICLE VI - Termination of Membership

If a member of the Limited Liability Company dies, retires, resigns, is expelled, is dissolved, experiences bankruptcy, or upon the occurrence of any other event which terminates the continued membership of a member in the Company, the remaining members may, by unanimous written agreement, continue the business of the Company.

FILED
2005 JAN 7 AM 8:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VII - Operation

The members shall have the power to adopt, alter, amend or repeal operating regulations of the Company containing provisions for the regulation and management of the affairs of the Company.

ARTICLE VIII - Date of Existence

The existence of the Company shall commence on the date of filing the Articles of Organization by the Florida Department of State.

N WITNESS WHEREOF, the undersigned member has executed these Articles of Organization this 5th day of January, 2005.

SUBLIME, INC., a Delaware corporation

By: _____

Michael Janoura, its V. President

STATE OF FLORIDA)

) SS:

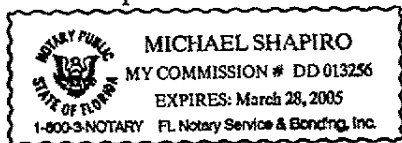
COUNTY OF PALM BEACH)

BEFORE ME, a Notary Public authorized to take acknowledgments in the State and County set forth above, personally appeared Michael Janoura, as Vice President of SUBLIME, INC., a Delaware corporation, known to me to be the person who executed the foregoing Articles of Organization, who is personally known to me or provided _____ as proof of identification, and he swore before me that he executed these Articles of Organization on behalf of the corporation for the aforesaid purposes.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal in the State and County aforesaid, this 5th day of January, 2005.

NOTARY PUBLIC, STATE OF

My Commission Expires:



2005 JAN -7 AM 8:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

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.

1. The name of the limited liability company is:

ABP/DELRAY, LLC

2. The name and address of the registered agent and office is:

Michael B. Shapiro, Esq.
Shapiro, Blasi & Wasserman, P.A.
7777 Glades Road, Suite 110
Boca Raton, Florida 33434

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.



MICHAEL B. SHAPIRO, ESQ.

Date:

1/5/05

FILED
2005 JAN -7 AM 8:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA