

L05000015500

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

July 12, 2004

WILLIAM F. GALLESE, P.A.
ATTORNEY AT LAW
8000 SOUTH U.S. ONE STE. 303
PORT ST. LUCIE, FL 34952

SUBJECT: L.L.C. ONE L.L.C., ET AL.
Ref. Number: W04000026480

We have received your document for L.L.C. ONE L.L.C., ET AL. and your check(s) totaling \$500.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

LLC names are not allowed to include the term "L.L.C." anywhere other than at the very end of the name.

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) 245-6958.

Lee Rivers
Document Specialist

Letter Number: 304A00044367

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TALLAHASSEE, FLORIDA



WILLIAM F. GALLESE, P.A.

Attorney At Law

June 30, 2004

Florida Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, Fl 32314

To Whom it concern:

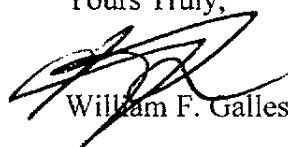
Enclosed please find a transmittal letter and articles of organization for Florida Limited Liability Company for the following L.L.C. One, L.L.C , L.L.C. Two, L.L.C., L.L.C. Three, L.L.C, and L.L.C. Four, L.L.C.

I have enclosed a check payable in the amount of \$500.00 to cover the filling fee for the articles of organization and the designation of registered agent.

Please take the steps necessary to register the respective articles of organization and return any acknowledgment.

If any further information is needed, please advise.

Yours Truly,


William F. Gallese

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TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 2317 Silver Palm Drive, L.L.C.
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

William F. Gallese, Esquire
(Name of Person)

William F. Gallese, P.A.
(Firm/Company)

789 South Federal Highway, Suite 308
(Address)

Stuart, Florida 34994
(City/State and Zip Code)

For further information concerning this matter, please call:

William F. Gallese, Esquire at (772) 220-2088
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|---|---|---|

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

2317 Silver Palm Drive, L.L.C.

ARTICLE II - Address:

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

Principal Office Address:

123 Overlook Road
Newton, New Jersey 07860

Mailing Address:

123 Overlook Road
Newton, New Jersey 07860

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

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

William F. Gallese, P.A.

Name

789 South Federal Highway, Suite 308

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

Stuart

FL 34994

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)

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TALLAHASSEE, FLORIDA

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

Joseph R. Salerno, M.D.

123 Overlook Road

Newton, New Jersey 07860

MGRM

Candy Salerno

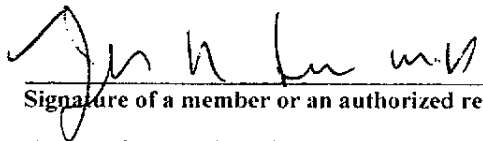
123 Overlook Road

Newton, New Jersey 07860

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Joseph R. Salerno, M.D.

Typed or printed name of signer

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)

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