

L05000021007

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

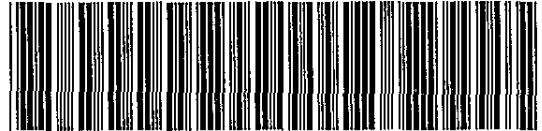
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

BK

Office Use Only



300047109243

FILED

05 MAR -2 PM 5:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED

05 MAR -2 PM 4:16

OFFICE OF THE  
CLERK OF THE  
SUPREME COURT



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 214902 4302332

AUTHORIZATION :

COST LIMIT : \$ 125.00

*Patricia Pignato*

FILED  
05 MAR -2 PM 5:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ORDER DATE : February 18, 2005

ORDER TIME : 3:43 PM

ORDER NO. : 214902-005

CUSTOMER NO: 4302332

CUSTOMER: David S. Green, Esq  
Sydney, Seif, Amster & Green  
Pllc  
Suite 2800  
122 E. 42nd Street  
New York, NY 10168-2898

DOMESTIC FILING

NAME: PALM BEACH DEVELOPERS LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION  
CERTIFICATE OF LIMITED PARTNERSHIP  
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY  
XX PLAIN STAMPED COPY  
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward - EXT. 2935

EXAMINER'S INITIALS: \_\_\_\_\_

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

PALM BEACH DEVELOPERS LLC**ARTICLE II - Address:**

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

**Principal Office Address:****Mailing Address:**9531 Savona Winds Dr.  
Delray Beach, FL 334469531 Savona Winds Dr.  
Delray Beach, FL 33446**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

Tracey Kornfeld  
Name9531 Savona Winds DriveFlorida street address (P.O. Box **NOT** acceptable)Delray Beach FL 33446

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)

Page 1 of 2

**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:**MGRMJoseph Marrow9531 Savona Winds Dr.Delray Beach, FL 33446MGRMKaren Marrow9531 Savona Winds Dr.Delray Beach, FL 33446

(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 MARROW  
\_\_\_\_\_  
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)