

L05000035556

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

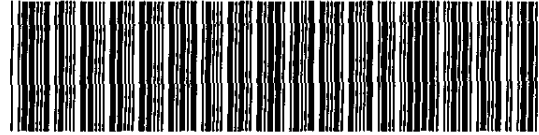
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

[Handwritten signature]

Office Use Only



900049448659

FILED
05 APR 12 PM 12:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
05 APR 12 07:10:56
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 308416 9534A

AUTHORIZATION :

Patricia Pajito

COST LIMIT : \$ 125.00

FILED
05 APR 12 PM 12:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : April 11, 2005

ORDER TIME : 10:18 AM

ORDER NO. : 308416-005

CUSTOMER NO: 9534A

CUSTOMER: Ms. Lynne Arlen
Robert M. Arlen, P.a.

Suite 330
110 E. Atlantic Avenue
Delray Beach, FL 33444

DOMESTIC FILING

NAME: 112 SE 10TH STREET, LLC

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Heather Chapman - EXT. 2908

EXAMINER'S INITIALS: _____

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

112 SE 10th STREET, LLC

ARTICLE II - Address:

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

Principal Office Address:112 SE 10th STREET
DELRAY BEACH, FL 33444Mailing Address:Thompson-Youngross ENGINEERING
112 SE 10th STREET
DELRAY BEACH, FL 33444

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

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

Matthew D. Thompson

Name

7509 Chicora CourtFlorida street address (P.O. Box NOT acceptable)Lake Worth FL 33467

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..

Matthew D. Thompson

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:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

Matthew D. Thompson
MGR

Matthew D. Thompson
7509 Chicora Court
Lake Worth, FL 33467

Daniel E. Thompson
MGRM

Daniel E. Thompson
18292 181st Circle South
Boca Raton, FL 33498

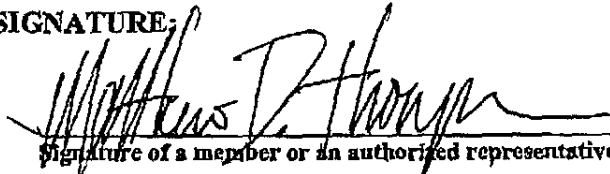
Andrew Youngross MGRM

Andrew Youngross
636 West Drive
Delray Beach, FL 33445

(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.)

Matthew D. Thompson
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)