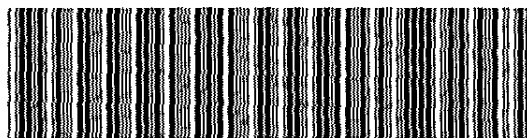


W5000055051

00789-02837-00071



Paul B. Lerner  
7182 Treviso Ln.  
Boynton Beach, FL 33437



800054677768

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

MJH

05/18/05--01016--015 \*\*125.00

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

Special Instructions to Filing Officer:

6/3 FL LC

Office Use Only

05 JUN-3 PM 2:52

W05-25775

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

To Whom It May Concern:

Enclosed please find the Operating Agreement of a Florida Limited Liability Company. If you need additional information or if you have any questions, please contact Paul Lerner at 7182 Treviso Lane Boyton Beach, Florida 33437 (561-733-1663). Thank you for your attention to this matter.

Best,

A handwritten signature in cursive script that reads "Sue Lieberman". The signature is written in dark ink and is positioned below the word "Best,".

Sue Lieberman



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

May 23, 2005

PAUL LERNER  
7182 TREVISO LANE  
BOYNTON BEACH, FL 33437

SUBJECT: THE FOUR L'S  
Ref. Number: W05000025775

We have received your document for THE FOUR L'S and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The enclosed document(s) does/do not meet our filing requirements. Therefore, we are enclosing our appropriate form(s) and/or instructions.

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) 245-6967.

Michelle Hodges  
Document Specialist

Letter Number: 005A00036941

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: THE FOUR L'S LLC  
(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:

PAUL LERNER

(Name of Person)

THE FOUR L'S LLC

(Firm/Company)

7182 TREVISO LANE

(Address)

BOCA RATON BEACH FLORIDA 33437

(City/State and Zip Code)

For further information concerning this matter, please call:

PAUL LERNER

(Name of Person)

at (

561 733-1663

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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

THE FOUR L'S LLC

### ARTICLE II - Address:

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

#### Principal Office Address:

7182 TREVISO LANE  
BOCA RATON BEACH  
FLORIDA 33437

#### Mailing Address:

SAME

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

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

PAUL LERNER

Name

7182 TREVISO LANE

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

BOCA RATON BEACH FL 33437

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.*

Paul Lerner

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:**

MGR

PAUL LERNER  
7182 TREVISO LANE  
BOYNTON BEACH FL 33437

MGRM

RONALD LERNER  
18 HADDON FIELD DRIVE  
MASCOPIA N.J. 07054

MGRM

SUSAN LIEBERMAN  
385 GREEN FARMS ROAD  
WESTPORT CONN. 06880

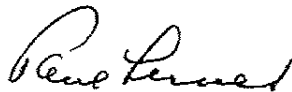
MGRM

JEFFERY LICHTNER  
6751 CATANIA DRIVE  
BOYNTON BEACH FL 33437

(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.)

PAUL LERNER

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)**