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**Florida Department of State
Division of Corporations
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To:

**Division of Corporations
Fax Number : (850) 205-0383**

From:

**Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 075350000353
Phone : (212) 431-5000
Fax Number : (212) 431-1441**

**RECEIVED
05 JUN 10 PM 12:20
DIVISION OF CORPORATIONS**

**LIMITED LIABILITY COMPANY
BOYNTON BEACH PARTNERS, LLC**

**FILED
05 JUN 10 AM 11:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Certificate of Status	0
Certified Copy	0
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Estimated Charge	\$125.00

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

The name of the Limited Liability Company is:

BOYNTON BEACH PARTNERS, LLC**ARTICLE II - Address:**

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

Principal Office Address:2300 GLADES ROAD, SUITE 307E
BOCA RATON, FL 33431**Mailing Address:**2300 GLADES ROAD, SUITE 307E
BOCA RATON, FL 33431**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

ANDREW MERLO

Name

2300 GLADES ROAD, SUITE 307EFlorida street address (P.O. Box **NOT** acceptable)BOCA RATON, FL FL 33431

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 603, F.S.

Registered Agent's Signature

(CONTINUED)

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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:MGRA.J. ROTONDE2455 EAST SUNRISE BLVD, SUITE 502FT. LAUDERDALE, FL 33304

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.**REQUIRED SIGNATURE:**
Signature of a manager or 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.)

A.J. ROTONDE

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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