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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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Appointed by

Signature

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TALLAHASSEE, FLORIDA

2005 JUN 16 P 1:18

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Comvest Properties of Florida, 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:

Mark James Hollenbeck
(Name of Person)

Comvest Properties of Florida
(Firm/Company)

222 US Hwy 1, Suite 208
(Address)

Tequesta, FL 33469
(City/State and Zip Code)

For further information concerning this matter, please call:

Mark James Hollenbeck at (561) 281-6245
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☒ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Comvest Properties of Florida, LLC

ARTICLE II - Address:

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

Principal Office Address:

222 US Highway 1
Suite 208
Tequesta, FL 33469

Mailing Address:

222 US Highway 1
Suite 208
Tequesta, FL 33469

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

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

Donald L. Chasen

Name

222 US Hwy 1, Suite 208

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

Tequesta FL 33469

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.

DL Chasen

Registered Agent's Signature

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TALLAHASSEE, FLORIDA

(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

MGRM

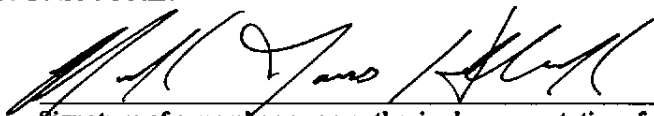
Name and Address:

Mark James Hollenbeck
222 US Hwy 1, Suite 208
Tequesta, FL 33469

(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.)

Mark James Hollenbeck

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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TALLAHASSEE, FLORIDA

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