

L05000063809

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

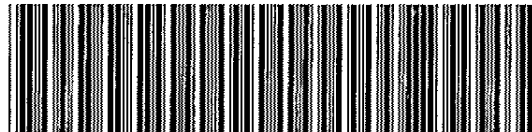
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TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 451857 7287682

AUTHORIZATION : *Patricia Pizutto*

COST LIMIT : \$ 155.00

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TALLAHASSEE, FLORIDA

ORDER DATE : June 27, 2005

ORDER TIME : 3:51 PM

ORDER NO. : 451857-005

CUSTOMER NO: 7287682

CUSTOMER: Gail E. Muraca, Paralegal
Cohn Birnbaum & Shea P.c.

12th Floor
100 Pearl Street
Hartford, CT 06103-4500

DOMESTIC FILING

NAME: PAM LEVINE ENTERPRISES LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Haddan - EXT. 2955

EXAMINER'S INITIALS: _____

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

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TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

Pam Levine Enterprises LLC

ARTICLE II - Address:

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

Principal Office Address:

The Privateer South, a condominium
1000 Longboat Club Road, Unit #605
Longboat Key, Florida 34228

Mailing Address:

c/o The Privateer South, a condominium
1000 Longboat Club Road, Unit #605
Longboat Key, Florida 34228

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

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

Pamela Levine

Name

The Privateer South, a condominium
1000 Longboat Club Road, Unit #605

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

Longboat Key, FLORIDA 34228

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, Florida Statutes.


Registered Agent's Signature

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

Pamela Levine

1000 Longboat Club Road, Unit #605
Longboat Key, Florida 34228

MGR

Edward Levine

1000 Longboat Club Road, Unit #605
Longboat Key, Florida 34228

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

Pamela Levine

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.)

By: Pamela Levine, a member

Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)