

W5000066057

00289-00611-00623-05671

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies 1

Certificates of Status _____

Special Instructions to Filing Officer:

7/5

FL LC

Office Use Only



600055888626

06/14/05--01016--002 **155.00

M. HODGES

05 JUL -5 PM 2:26

511 911

W05-30347

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EMPIRE CAPITAL, 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:

CLIFFORD GRIFFITHS

(Name of Person)

EMPIRE CAPITAL, LLC

(Firm/Company)

800 VILLAGE SQUARE CROSSING

(Address)

PALM BEACH GARDENS, FLORIDA 33410

(City/State and Zip Code)

For further information concerning this matter, please call:

CLIFFORD GRIFFITHS

(Name of Person)

at (561) 656-2076

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



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

June 21, 2005

CLIFFORD GRIFFITHS
EMPIRE CAPITAL, LLC
800 VILLAGE SQUARE CROSSING
PALM BEACH GARDENS, FL 33410

SUBJECT: EMPIRE CAPITAL, LLC
Ref. Number: W05000030347

We have received your document for EMPIRE CAPITAL, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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: 405A00042401

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

EMPIRE CAPITAL, LLC

ARTICLE II - Address:

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

Principal Office Address:

800 VILLAGE SQUARE CROSSING

SUITE 317

PALM BEACH GARDENS, FL. 33410

Mailing Address:

800 VILLAGE SQUARE CROSSING

Suite 317

PALM BEACH GARDENS, FL. 33410

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

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

CLIFFORD GRIFFITHS

Name

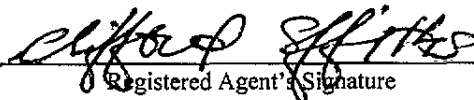
800 VILLAGE SQUARE CROSSING SUITE 317

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

PALM BEACH GARDENS, FL 33410

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..


Registered Agent's Signature

(CONTINUED)

05 JUL -5 PM 2:24

FILED

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:

MGRM

CLIFFORD GRIFFITHS

2594 SAWYER TERRACE

WEST PALM BEACH, FLORIDA 33414

MGR

CLAUDE JENKINS

7896 AMBLESIDE WAY

WEST PALM BEACH, FLORIDA 33467

(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.)

CLIFFORD GRIFFITHS

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)