

L05000074749

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500057583755

07/25/05--01045--001 **155.00

WL07/29/05

FILED
05 JUL 25 PM 3:45
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Orchid Isle Associates, LLC

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Geraldine Levine
(Name of Person)

Delcrest Homes
(Firm/Company)

10601 Hawks View Terrace
(Address)

West Palm Beach, FL 33412
(City/State and Zip Code)

For further information concerning this matter, please call:

Mark Spirtis at (561) 662-6291

Enclosed is a check for the following amount:

■ \$155.00 Filing Fee & 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

FILED
05 JUL 25 PM 3:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION
OF
ORCHID ISLE ASSOCIATES, LLC

ARTICLE I: The name of the limited liability company is: Orchid Isle Associates, LLC.

ARTICLE II: The mailing address and street address of the principal office of the limited liability company are both:

10601 Hawks View Terrace
West Palm Beach, Florida 33412

ARTICLE III: The name and Florida street address of the limited liability company's registered agent is:

Geraldine Levine
10601 Hawks View Terrace
West Palm Beach, Florida 33412

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.

*

Geraldine Levine

Registered Agent's Signature

ARTICLE IV: The name and address of the Manager is:

Geraldine Levine
10601 Hawks View Terrace
West Palm Beach, Florida 33412

ARTICLE V: The purpose of the limited liability company is to engage in any lawful act or activity for which companies may be organized under the laws of the State of Florida.

*

Geraldine 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 penalties of perjury that the facts stated herein are true.)

Geraldine Levine

Typed or printed name of signee

FILED
JUL 25 PM 3:45
CLERK OF STATE
PALM BEACH, FLORIDA