

LDS000086302

Division of Corporations

Page 1 of 1

**Florida Department of State
Division of Corporations
Public Access System**

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H05000208350 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From: Account Name : BROAD AND CASSEL (BOCA RATON)
Account Number : 076376001555
Phone : (561)483-7000
Fax Number : (561)218-8960

RECEIVED

05 AUG 31 PM 3:25

DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

PSL TOWN CENTER 2005 - NORTH, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 AUG 31 AM 8:44

[Electronic Filing Menu](#)

[Corporate Filing](#)

[Public Access Help](#)

Fax Audit Number: H05000208350-3

**ARTICLES OF ORGANIZATION
OF**

PSL TOWN CENTER 2005 - NORTH, LLC

The undersigned does hereby subscribe to, acknowledge and file the following Articles of Organization for the purpose of creating a limited liability company under the laws of the State of Florida.

ARTICLE I

The name of this limited liability company shall be: PSL Town Center 2005 - North, LLC.

ARTICLE II

The mailing address and street address of the principal office of the limited liability company shall be 815 Colorado Avenue, Suite 101, Port St. Lucie, Florida 34994, with the privilege of having its offices and branch offices at other places within or without the State of Florida.

ARTICLE III

The initial registered office of this limited liability company is 815 Colorado Avenue, Suite 101, Port St. Lucie, Florida 34994. The initial registered agent at that address is Max Shapiro.

ARTICLE IV

This limited liability company will be a manager-managed company.

ARTICLE V

This limited liability company shall commence its existence as of the execution hereof on August 31, 2005, and shall exist perpetually thereafter unless sooner dissolved.

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization this 31st day of August, 2005.



Max Shapiro, Authorized Representative

Fax Audit Number: H05000208350-3

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 AUG 31 AM 8:44

Fax Audit Number: H05000208350 3

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 608.415, Florida Statutes, the undersigned limited liability company submits the following statement in designating the registered office/registered agent, in the State of Florida.

FIRST -- The name of the limited liability company is PSL Town Center 2005 - North, LLC.

SECOND -- The name and address of the registered agent and office is:

Max Shapiro
815 Colorado Avenue
Suite 101
Port St. Lucie, Florida 34994

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.

Dated this 31st day of August, 2005.



Max Shapiro, Registered Agent

173581

Fax Audit Number: H05000208350 3

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 AUG 31 AM 8:44