

L05000090950

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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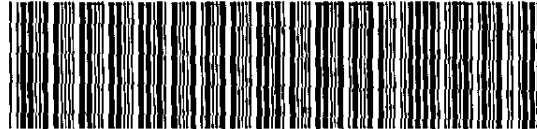
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SEP 15 2005  
TALLAHASSEE, FLORIDA

05 SEP 15 AM 9:03

FILED

05 SEP 15 PM 4:50

RECEIVED



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 595333 7380453

AUTHORIZATION :

COST LIMIT : \$ 125.00

*Patricia Pignatelli*

ORDER DATE : September 14, 2005

ORDER TIME : 2:28 PM

ORDER NO. : 595333-005

CUSTOMER NO: 7380453

CUSTOMER: Keith Krauss, Esq.  
Keith Krauss, Esq.

3 Penn Plaza East Mezzanine

Newark, NJ 07105

FILED  
05 SEP 15 AM 9:03  
TALLAHASSEE, FLORIDA

DOMESTIC FILING

NAME: GREYHOUND ENTERPRISES, LLC

EFFECTIVE DATE:

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Troy Todd - EXT. 2940

EXAMINER'S INITIALS: \_\_\_\_\_

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

FILED  
05 SEP 15 AM 9:03  
Sec. of STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

GREYHOUND ENTERPRISES, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

714 7th Court

Palm Beach Gardens, FL 33410

**Mailing Address:**

714 7th Court

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:

Barbara Sturgeon

Name

714 7th Court


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

Palm Beach Gardens

FLORIDA 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, Florida Statutes..*



Registered Agent's Signature

Barbara Sturgeon

Page 1 of 2  
(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

**Name and Address:**

MGRM

Keith Krauss

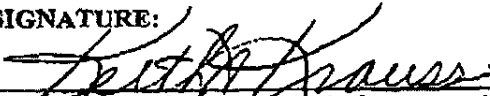
3 Penn Plaza East Mezzanine

Newark, NJ 07105

(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.)

By: Keith Krauss, Managing 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)