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10/24/05--01060--007 **160.00

COVER LETTER

TO:	Registration Se Division of Co				<u>-</u> .	
SUBJE	ect: Palm	Beach Capital Inve	estment Grod Liability Compa		>	
The en	closed Articles o	f Organization and fee(s) are s	ubmitted for filing	ŗ.		
Please	return all corresp	oondence concerning this matte	r to the following	:		
	Don Woo	 			·	
		C	Name of Person)			
	Palm Bea	ach Capital Invest		ıp, LLC		
		(Firm/Company)			
1350 SW 5th Ct						
			(Address)			
,	Boca Raton, FL 33432					
		(City	State and Zip Code)		
For fur	ther information	concerning this matter, please	call:			
Don	Woollen		_{at (} 561	362-42	02	
	(Name	of Person)	(Area Code	& Daytime Te	elephone Number)	
Enclos	ed is a check fo	or the following amount:				
\$125	.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Fi Certified Copy (additional copy i	/	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registration Division of Clifton B 2661 Exe	on Section of Corporation uilding cutive Center ee, FL 32301	ns	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
Palm Beach Capital Investment Gr		
(Must end with the words "Limited Liability Company, "Limite	d Company of their appreviation "LLC, of "L.C.,)	
ARTICLE II - Address:		
The mailing address and street address of the pr	incipal office of the Limited Liability Com	ipany is:
Principal Office Address:	Mailing Address:	
1350 SW 5th Ct.	135 SW 5th Ct.	
Boca Raton, FI 33432	Boca Raton, FI 33432	
Principal Office Address: 1350 SW 5th Ct. Boca Raton, Fl 33432 ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.) The name and the Florida street address of the region Woollen Name 1350 SW 5th Ct. Florida street address and street address of the region Woollen	Office, & Registered Agent's Signature ered Agent. You must designate an individual or another egistered agent are:	DIVISION OF CAL
Name		
1350 SW 5th Ct.		25. SE
Florida street add	iress (P.O. Box NOT acceptable)	26 26
Boca Raton,	FI. 33432	-
City, State, a	ind Zip	
Having been named as registered agent and to a liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per accept the obligations of my position as registered.	this certificate, I hereby accept the appointmy. I further agree to comply with the provision for an idea of my duties, and I am familiar w	ent as ons of all vith and

(CONTINUED) Page 1 of 2

Registered Agent's Signature (REQUIRED)

'ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Mem	ber
MGRM	Don Woollen
	1350 SW 5th Ct
	Boca Raton, Fl 33432
MGRM	Larry Johnson
	510 Anchor Point
	Delray Beach, FI 33444
MGRM	Anne Byard
	1350 SW 5th Ct
	Boca Raton, Fl 33432
MGRM	Scott Skare
	PO Box 83-2016
	Delray Beach, Fl. 33283
(Use attachment if necessary ARTICLE V: Effective date, if othe (If an effective date is listed, the dat to or 90 days after the date of filing	r than the date of filing: 10/18/05 (OPTIONAL) e must be specific and cannot be more than five business days prior
REQUIRED SIGNATURE	m Worlle
(In accordar of this docu	f a member or an authorized representative of a member. Ice with section 608.408(3), Florida Statutes, the execution ment constitutes an affirmation under the penalties of perjury cts stated herein are true.)

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

Don Woollen

\$ 5.00 Certificate of Status (Optional)

Typed or printed name of signee