

L06000000246

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

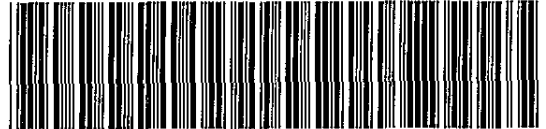
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

[Handwritten signature]

Office Use Only



500062190055

FILED

2006 JAN -3 PM 1:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

05 JAN -3 AM 10:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 789705 4336896

AUTHORIZATION

COST LIMIT : \$ 155.00

ORDER DATE : January 3, 2006

ORDER TIME : 10:22 AM

ORDER NO. : 789705-005

CUSTOMER NO: 4336896

FILED
2006 JAN -3 PM 1:31
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

DOMESTIC FILING

NAME: KNOLLWOOD GROVES GIFTS, L.L.C.

EFFECTIVE DATE:

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

CONTACT PERSON: Jamela Fordyce - EXT. 2936

EXAMINER'S INITIALS: _____

ARTICLES OF ORGANIZATION
OF
KNOLLWOOD GROVES GIFTS, L.L.C.

FILED
2006 JAN -3 PM 1:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I: NAME:

The name of the Limited Liability Company is **KNOLLWOOD GROVES GIFTS, L.L.C.**

ARTICLE II: ADDRESS:

The mailing address and street address of the Limited Liability Company is 6836 Kingston Drive, Lantana, FL 33462.

ARTICLE III: DURATION:

The period of duration for the Limited Liability Company shall be perpetual.

ARTICLE IV: MANAGEMENT:

The Limited Liability Company is to be managed by the members and the names and addresses of the managing members are:


Name:	Address:
Barbara Dwyer, Trustee of the Barbara Dwyer Revocable Trust u/a/d 8/24/05	6836 Kingston Dr. Lantana, FL 33462
Thomas Dwyer, Trustee of the Thomas Dwyer Revocable Trust u/a/d 8/24/05	6836 Kingston Dr. Lantana, FL 33462

ARTICLE V: MEMBERS RIGHTS TO CONTINUE BUSINESS;

The remaining members of the Limited Liability Company shall have the right to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or

dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the Limited Liability Company, as defined in FS 608.441.

IN WITNESS WHEREOF, these Articles of Organization have been subscribed this 14th day of December, 2005 by the undersigned, who affirms that the statements made herein are true under penalties of perjury.



BARBARA DWYER, Trustee of the Barbara
Dwyer Revocable Trust u/a/d 8/24/05

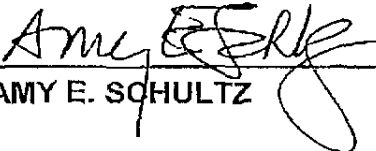
**CERTIFICATE OF DESIGNATION
OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is **KNOLLWOOD GROVES GIFTS, L.L.C.**

2. The name and address of the registered agent and Office is:
Amy E. Schultz
700 North Olive Avenue, Suite #2
West Palm Beach, FL 33401

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.



AMY E. SCHULTZ

Date: December 14, 2005