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To:

Division of Corporations

Fax Number

: (850)205-0383

From:

Addount Name : RUDEN, MCCLOSKY, SMITH, SCHUSTER & RUSSELL, P.A.

Account Number : 076077000521

: (954)527-2428 Phone

Fax Number

: (954)333-4001

## ELORIDA/FOREIGN LIMITED LIABILITY CO.

## PALMWOOD PARTNERS, LLC

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## ARTICLES OF ORGANIZATION OF PALMWOOD PARTNERS, LLC a Florida Limited Liability Company

The undersigned, pursuant to the provisions of Chapter 608 of the Florida Statutes, for the purpose of forming a Limited Lizbility Company under the laws of the State of Florida do set forth the following:

- 1. NAME. The name of the Limited Liability Company is PALMWOOD PARTNERS, LLC (the "Company").
- 2. MAILING AND STREET ADDRESS OF PRINCIPAL OFFICE. The mailing address for the Company is: 4706-18th Avenue, Broaklyn, New York 11204.
- 3. <u>REGISTERED AGENT.</u> The name and address of the initial registered agent in the State of Florida, whose Consent to Appointment as Registered Agent accompanies these Articles of Organization, is: NRAI Services, Inc. at 2731 Executive Park Drive, Suite 4, Weston, Florida 33331.

The undersigned has executed these Articles of Organization on the \\_\_\_\_\_ day of February,

2006.

Robert Work, Authorized Representative

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## CERTIFICATION OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANI 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

- 1. The name of the limited liability company is: Palmwood Partners, LLC.
- The name and address of the registered agent and office is: 2.

NRAI Services, Inc. 2731 Executive Park Drive, Suite 4 Weston, Florida 33331

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 its 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.

NRAI Services Inc., Registered Agent

A/17/06

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