

W6000032159  
2nd Request

Florida Department of State  
Division of Corporations  
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(4) 3/27

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To:

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

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.  
Account Number : FCA000000027  
Phone : (305) 444-4994  
Fax Number : (305) 444-4977

**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

**PALM LAND CONTRACT, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

RECEIVED

06 MAR 27 PM 1:35

DIVISION OF CORPORATION

FILED  
06 MAR 27 AM 9:25  
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

PALM LAND CONTRACT, LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "L.L.C.," or "L.C.,")

**ARTICLE II - Address:**

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

**Principal Office Address:**

9165 PARK DRIVE

STE: 8

MIAMI SHORES, FL 33138

**Mailing Address:**

9165 PARK DRIVE

STE: 8

MIAMI SHORES, FL 33138

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

ESTIME-THOMPSON, P.A.

Name

9165 PARK DRIVE STE:8

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

MIAMI SHORES FL 33138

City, State, and Zip

*Having been named as registered agent and to accept service of process for the above stated corporation 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 the 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.*

  
Signature/Registered agent

(CONTINUED)

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P.3

ATTACHMENT FOR MGRM

FIRST LOAN SOLUTION, INC.  
AUSTIN GENUS  
HEATHER M. GENUS  
VERGNIAUD LUCIEN  
FRANCIANNE DARIUS  
BRYAN SPENCE  
LUMERES LUBIN  
MADELEINE LUBIN  
EDITH JEAN  
YANICK PIERRE ETIENNE  
GERARD N. CADET  
REGINALD SIMON  
ANDEEN MCCARTHY  
RITA SEAMAN  
ANSELM SEAMAN

ADDRESS:

9165 PARK DRIVE, STE:8  
MIAMI SHORES, FL 33165

**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:**

SEE ATTACHMENT

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**

Andeen McCarthy  
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.)

ANDEEN MCCARTHY

Typed or printed name of signer

**Filing Fees:**

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)