

LD6000039487

00789-00524-00671 do not file of agree-
forms attached

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies 1

Certificates of Status 1

Special Instructions to Filing Officer:

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FL LC

Office Use Only



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W/O-16922

M. HODGES



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 10, 2006

GRANT SKOLNICK
PALM BEACH RECOVERY CENTER, LLC
14434 PADDOCK DRIVE
WELLINGTON, FL 33414

SUBJECT: PALM BEACH RECOVERY CENTER, LLC
Ref. Number: W06000016922

We have received your document for PALM BEACH RECOVERY CENTER, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must complete the attached form to file for a Limited Liability Company. We do not file the Operating Agreement, keep it for your records.,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Michelle Hodges
Document Specialist

Letter Number: 106A00024110

COVER LETTER

TO: Registration Section
Division of Corporations
(850) 245-6051

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

SUBJECT: PALM BEACH RECOVERY CENTER, LLC

After having sent in the Operating Agreement for the Palm Beach Recovery Center, LLC, I have been instructed by Michelle that I simply needed to send in the Articles of Organization. I have attached the Articles with this letter. Thank you for your help and assistance in this matter.

The enclosed Articles of Organization and fee(s) are submitted for filing.

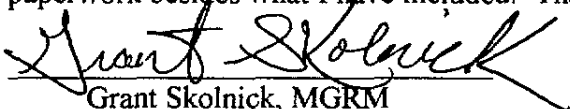
Please return all correspondence concerning this matter to the following:

(Name of Person)	GRANT SKOLNICK
(Firm/Company)	PALM BEACH RECOVERY CENTER, LLC
(Address)	14434 PADDOCK DRIVE,
(City/State and Zip Code)	WELLINGTON, FL 33414

For further information concerning this matter, please call:

(Name of Person)	GRANT SKOLNICK
(Area Code & Daytime Telephone Number)	(561) 602-1776

I previously enclosed a check for the amount of \$160.00 for Filing Fee, Certificate of Status and Certified Copy. I was instructed by Michelle that I did not need to send any additional money or paperwork besides what I have included. Thanks again.


Grant Skolnick, MGRM

ARTICLES OF ORGANIZATION:

- ARTICLE I:** ***NAME OF THE FLORIDA LIMITED LIABILITY COMPANY***
PALM BEACH RECOVERY CENTER, LLC
- ARTICLE II:** ***MAILING AND STREET ADDRESS OF THE LLC PRINCIPAL OFFICE***
14434 PADDOCK DRIVE, WELLINGTON, FL, 33414
- ARTICLE III:** ***LLC REGISTERED AGENT – NAME AND FLORIDA STREET ADDRESS***
GRANT SKOLNICK
14434 PADDOCK DRIVE, WELLINGTON, FL, 33414

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, F.S..


GRANT SKOLNICK, REGISTERED AGENT

- ARTICLE IV:** ***NAME AND ADDRESS OF EACH MANAGING MEMBER OF LLC***
- 1. GRANT SKOLNICK, MGRM**
14434 PADDOCK DRIVE, WELLINGTON, FL, 33414
 - 2. ANDREW SKOLNICK, MGRM**
14434 PADDOCK DRIVE, WELLINGTON, FL, 33414
 - 3. GAIL SKOLNICK, MGRM**
14434 PADDOCK DRIVE, WELLINGTON, FL, 33414

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The execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.


GRANT SKOLNICK, MGRM