## LD6000046833

| (Requestor's Name)                      |
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| (Address)                               |
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| (Address)                               |
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|   |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
|   |
|   |
| (Business Entity Name)                  |
|   |
| (Document Number)                       |
|   |
| Certified Copies Certificates of Status |
| •                                       |
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| Special Instructions to Filing Officer; |
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04/28/06--01012--014 \*\*130.00

## **COVER LETTER**

| TO: Registration Division of          | n Section<br>Corporations   |   |  |                              |
|---------------------------------------|---|---|--|------------------------------|
| SUBJECT:                              | PAIM BEACH PR   | OPERTIES PLUS A   | PEALTY ADVISOR   | is u                         |
| SUBJECT.                              |   | d Liability Company)  |  |                              |
| The enclosed Article                  | s of Organization and fee(s) are s  | ubmitted for filing.  |  |                              |
| Please return all corr                | espondence concerning this matte  | er to the following:  |  |                              |
|                                       | KRISTIN E. F.   | LORES   |  |                              |
|                                       | (   | Name of Person)   |  | <del></del> .                |
|                                       | KRISTEN E.  | FLINES P.A.   | ZWb AFR CO   | SEC<br>DIVISH                |
| · · · · · · · · · · · · · · · · · · · |   | Firm/Company)   | 7  | 222                          |
|                                       | 149 NW 70 TI  | STREET  | ( 20   | SAKT<br>SAKT                 |
|                                       | <u></u>   | (Address)   |  | <b>7</b> 77 3 <b>3</b> 4 4 4 |
|                                       | BOLA RATON  | FL 33487  | •  | ? ?                          |
|                                       | (City   | /State and Zip Code)  | · · · · · · · · · · · · · · · · · · ·  | <del>- 200</del> - 5-        |
|                                       | on concerning this matter, please   |   | 490  |                              |
| (Na                                   | N E. FLORES   | at ( 56/ ) 866-/<br>(Area Code & Daytime  | Telephone Number)  |                              |
|                                       | for the following amount:   |   |  |                              |
| _1 \$125.00 Filing Fo                 | \$130.00 Filing Fee & Certificate of Status   | Certified Copy (additional copy is enclosed)  | \$160.00 Filing Fe<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) | &                            |
|                                       | Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Street/Courier Address Registration Section Division of Corporati Clifton Building 2661 Executive Center Tallahassee, FL 3230 | ons<br>er Circle   |                              |

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

PALM BEACH PROPERITES PLUS REALTY ADVISORS LLC
(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

| ARTICLE II - Address: The mailing address and street address of the principle.   | incipal office of the Limited Liability Company is:   |
|--|---|
| Principal Office Address;  | Mailing Address:  |
| 149 NW 70TH # 306  | 147 NW 70 1 4 306   |
| BOCA RATON FL 33487  | BOGA RATON FL 33487   |
| ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.) | ered Agent. You must designate an individual or another SER   |
| The name and the Florida street address of the re  |   |
| MISTIN E. Name   | FLORES P.A 3  |
| 149 NW   | 70 TH # 306 2: 2  |
| 1  | ress (P.O. Box NOT acceptable)  |
| BOCA KATTN City, State, a  | FL 33487<br>nd Zip  |
| 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 service of process for the above stated limited his certificate, I hereby accept the appointment as v. I further agree to comply with the provisions of all rformance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S |

Registered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2

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

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

| Title: "MGR" = Manager                  | Name and Address:  |
|---|--|
| "MGRM" = Managing Membe                 | KRISTED E. FLORES BLOCK/OWNER<br>149 NW 7074 ST # 306<br>BOCA RATION FL 33487  |
| MGR                                     | THOMAS M. MAGALETTA SALES ASSOC<br>149 NW 76THS1 # 306<br>BOCA RATEN FL 33487  |
|   |  |
| (Use attachment if necessary)           |  |
| ARTICLE V: Effective date, if other the | nan the date of filing:  |
| REQUIRED SIGNATURE:                     | 4-61. II   |
|   | member or an authorized representative of a member.  with section 608.408(3), Florida Statutes, the execution at constitutes an affirmation under the penalties of perjury |
| of this docume that the facts           | nt constitutes an affirmation under the penalties of perjury stated herein are true.)  |
|   | Typed or printed name of signee  |

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)