

L06 0000 87372

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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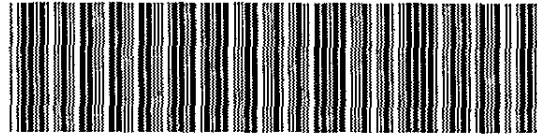
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 8429 Alister Blvd. LLC
(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to the following:

Elise Gross

(Name of Person)

Law Office of Elise Gross, P.A.

(Firm/Company)

2500 N. Military Trail, Suite 260

(Address)

Boca Raton, FL 33431

(City/State and Zip Code)

For further information concerning this matter, please call:

Elise Gross

(Name of Person)

at (561)

367-7772

(Area Code & Daytime Telephone Number)

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TALLAHASSEE, FLORIDA

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Enclosed is a check for the following amount:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input checked="" type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(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 Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF ORGANIZATION FOR FLORIDA
LIMITED LIABILITY COMPANY**

ARTICLE I – Name:

The name of the Limited Liability Company is:

8429 Alister Blvd. LLC

ARTICLE II – Address:

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

Principal Office Address: 7164 Tradition Cove Lane West, West Palm Beach, FL 33412.

Mailing Address: 7164 Tradition Cove Lane West, West Palm Beach, FL 33412.

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TALLAHASSEE, FLORIDA

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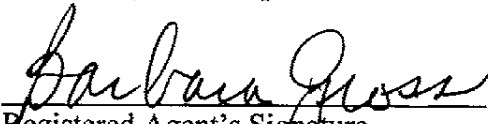
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ARTICLE III – Registered Agent, Registered Office & Registered Agent's Signature:

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

Barbara Gross, 7164 Tradition Cove Lane West, West Palm Beach, FL 33412.

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..


Registered Agent's Signature

ARTICLE IV – Manager(s) or Managing Member(s):

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

Title:

Name and Address:

“MGR” = Manager

“MGRM” = Managing Member

MGRM

Barbara Gross
7164 Tradition Cove Lane West
West Palm Beach, FL 33412

MGRM

Alan Tarpell
13954 Wind Flower Drive
West Palm Beach, FL 33418

ARTICLE V – Members:

The names and percentages of the initial Members are:

50 %

Barbara Hope Gross, Trustee of the Barbara H. Gross Trust,
U/D/T May 25, 2006, as amended

50 %

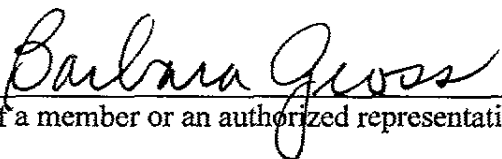
Alan J. Tarpell

ARTICLE VI – Operating Agreement:

An Operating Agreement will be executed for 8429 Alister Blvd. LLC.

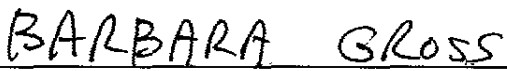
ARTICLE VII: Effective date, if other than the date of filing: Date of State Filing. (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:



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).



Typed or printed name of signer

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