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COVER LETTER

TO: Registration Se Division of Co			
SUBJECT:	PFP A550 (Name of Limite	CIATES, LLC d Liability Company)	<u>-</u>
The enclosed Articles o	f Organization and fee(s) are s	ubmitted for filing.	
Please return all corresp	ondence concerning this matte	er to the following:	
	ARNOLD YI	Nulle N Name of Person)	
	(Name of Person)	
	PFP ASSOC	(Firm/Company)	
		BLVD.	
<i></i>	ALM BEAC	4 GARDEN.	s, FLORIDA 33410
	(City	/State and Zip Code)	,
For further information	concerning this matter, please	call:	
ARNOLI (Name	of Person)	at (<u>\$6</u> /) <u>68</u> (Area Code & Daytime T	4 <i>- 1900</i> elephone Number)
Enclosed is a check for	or the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$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 Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns · Circle



November 14, 2006

ARNOLD MULLEN 3801 PGA BLVD., #910 PALM BEACH GARDENS, FL 33410

SUBJECT: PFP ASSOCIATES, LLC Ref. Number: W06000049768

We have received your document for PFP ASSOCIATES, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on November 13, 2006. Please amend your document accordingly.

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) 245-6853.

Leslie Sellers Document Specialist

Letter Number: 706A00066598

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
PFP ASSOCIATES, LLC (Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")	
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Co		y is:
Principal Office Address: Mailing Address:		
3801 PGA BLVD. #910 SAME PALM BEACH GARDENS, FLURIDA 33410	<u>5</u>	
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signatu (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or ano business entity with an active Florida registration.)		
The name and the Florida street address of the registered agent are:		
ARNOLD MULLEN Name		
3801 PEA BLYD, #910 Florida street address (P.O. Box NOT acceptable)		
PALM BEACH GARDENSFL 33410 City, State, and Zip		
Having been named as registered agent and to accept service of process for the above stational liability company at the place designated in this certificate, I hereby accept the appoint registered agent and agree to act in this capacity. I further agree to comply with the proving statutes relating to the proper and complete performance of my duties, and I am familiant accept the obligations of my position as registered agent as provided for in Chapter 60	tment a isions o r with a	s of all ind
Registered Agent's Signature (REQUIRED)	06 NOV 30 PH 12:	SECRETAR DIVISION OF
(CONTINUED)	:2	CORPORA
Page 1 of 2	C IT	

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

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

"MGR" = Manager "MGRM" = Managing Member	
MGRM	WILLOWBEND DEVELOPMENT, LLC C/O A. MULLEH 3801 PGA BLVD. #100 PHIM BEACH GARDENS, FL 334
	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior

REQUIRED SIGNATURE:

WILLUWBEAD MEYELDAMENT LLC

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 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)

SECRETARY OF STATE
DIVISION OF CORPORATIONS

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