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(Address)

(City/State/Zip/Phone #)

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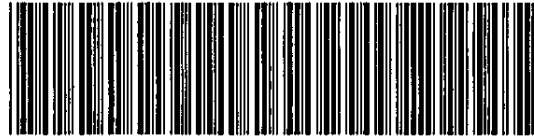
(Business Entity Name)

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PALMER CROSSING, 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:

MICHAEL J. SABA, ATTORNEY AT LAW  
(Name of Person)

SABA & SABA, ATTORNEYS AT LAW  
(Firm/Company)

240 S. PINEAPPLE AVE., SUITE 702  
(Address)

SARASOTA, FL 34236-6724  
(City/State and Zip Code)

For further information concerning this matter, please call:

MICHAEL J. SABA, ATTORNEY at ( 941 ) 365-9400  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for 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 Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I – NAME

The name of the Limited Liability Company is:  
PALMER CROSSING, LLC

## ARTICLE II – ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is:  
240 South Pineapple Avenue, Suite 702  
Sarasota, FL 34236

## ARTICLE III – REGISTERED AGENT AND OFFICE

The name and the Florida street address of the registered agent is:  
William A. Saba  
240 South Pineapple Avenue, Suite 702  
Sarasota, FL 34236

*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 – MANAGEMENT

The Limited Liability Company is to be managed by one or more of its members, and is therefore a member-managed company. The name and address of each Managing Member is:

MGRM: William A. Saba  
240 South Pineapple Avenue, Suite 702  
Sarasota, FL 34236

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## ARTICLE V – EFFECTIVE DATE

These Articles of Organization shall be in effect upon filing with the Florida Department of State.

### REQUIRED SIGNATURE:

*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 herein are true.*

William A. Saba  
WILLIAM A. SABA, Managing Member

1-9-07  
Date

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