Division of Corporations



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Division of Corporations

Fax Number

: (850)205-0383

: A 1 A CORPORATE SERVICES, INC. Account Name

Account Number : I20010000247 Phone

(800) 494-3124

Fax Number

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# ORIDA/FOREIGN LIMITED LIABILITY CO.

## Applegate LLC

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#### ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

In compliance with Chapter 608,F.S.

**ARTICLE I: NAME** 

The name of the Limited Liability Company is:

APPLEGATE LLC

ARTICLE II: Address

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

1535 LEE ST.

**HOLLYWOOD FLORIDA 33020** 

ARTICLE III: REGISTERED AGENT, REGISTERED OFFICE & REGISTER 

AGENT SIGNATURE

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

**LUBOS SADLON** 

1535 LEE ST.

**HOLLYWOOD FLORIDA 33020** 

Having been named as registered agent 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.

LUBOS SADLON / REGISTERED AGENT'S SIGNATURE

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**APPLEGATE LLC** 

#### **ARTICLE IV: MANAGEMENT**

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

ARTICLE V: MEMBERS (optional)

### **MANAGING MEMBER:**

JOANNE M. PACITTI 1535 LEE ST. HOLLYWOOD FLORIDA 33020

#### **MANAGING MEMBER:**

LUBOS SADLON 1535 LEE ST. HOLLYWOOD FLORIDA 33020

SECRETARY OF STATE

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.)

**LUBOS SADLON**