

Mar 12 2007 8:24AM

A1A CORPORATE SERVICES

15614059883

p.1

Division of Corporations

https://www.sosbiz.org/scripts/efilcovr.exe

L07000026966

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H07000064398 3)))



H070000643983ABC4

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 205-0383

From: Account Name : A 1 A CORPORATE SERVICES, INC.
Account Number : I20010000247
Phone : (800) 494-3124
Fax Number : (305) 675-2811

FILED
07 MAR 12 AM 8:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

07 MAR 12 AM 11:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA/FOREIGN LIMITED LIABILITY CO.

519 Boundry, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

H07000064398 3

**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:

519 BOUNDARY, LLC

ARTICLE II: Address

The street address of the principal office of the Limited Liability Company is:

235 N. LONGWOOD ST
LONGWOOD, FL 32750

The mailing address of the Limited Liability Company is:

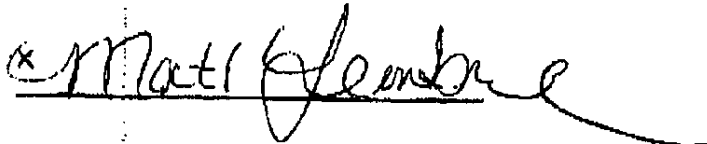
P.O. BOX 520986
LONGWOOD, FL 32752

**ARTICLE III: REGISTERED AGENT, REGISTERED OFFICE & REGISTERED
AGENT SIGNATURE**

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

MATTHEW LEMBRICH
235 N. LONGWOOD ST
LONGWOOD, FL 32750

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.



MATTHEW LEMBRICH / Registered Agent's Signature

ARTICLE IV: MANAGEMENT

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

H07000064398 3

FILED
07 MAR 12 AM 8:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H07000064398 3

PAGE 2

519 BOUNDRY, LLC

ARTICLE V: MEMBERS (optional)

Managing Member:

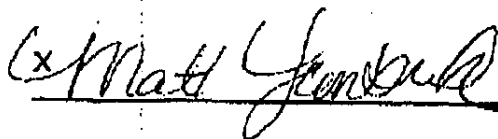
STEVE LEMBRICH
2490 SPRING GARDEN AVENUE
DELAND, FL 32720

Managing Member:

MATTHEW LEMBRICH
193 SUNNYDALE AVE
DEBARY, FL 32713

Managing Member:

SCOTT LEMBRICH
219 S ELESASSER STREET
DELAND, FL 32720



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.)

MATTHEW LEMBRICH

FILED
07 MAR 12 AM 8:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H07000064398 3