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· (Re	equestor's Name)	
(Ac	idress)	
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PICK-UP	WAIT	MAIL
(Ві	ısiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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2007 JUN 11 PM 12: 24 SECRETARY OF STATE ALL AHASSEF FLORIDA

## **COVER LETTER**

TO: Registration Se Division of Co			
SUBJECT: Pal	M Beach A (Name of Limited	To perfy Man d Liability Company)	agement CLC
The enclosed Articles of	f Organization and fee(s) are so	ubmitted for filing.	
Please return all corresp	ondence concerning this matte	r to the following:	
Matt	Len P. Bar	-ger	
Volm	Beach Proper	Hy Managem Firm/Company)	ent CCC
		5/. (Address)	
		(Address)	
Lake	Worth, FL	33460 (State and Zip Code)	
	(City	(State and Zip Code)	
For further information	concerning this matter, please	call:	
Matthew P. (Name	Barger of Person)	at ( <u>56/</u> ) <u>Z34</u> - (Area Code & Daytime T	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	ns

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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ARTICLE I - Name:	1007
The name of the Limited Liability Company is:	Effective Date
(Must end with the words "Limited Liability Company, "Limited	Management LCC  Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address:	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1501 North N St Lake Worth, FL 33460	1501 North N St Loke Worth ,FL 33460
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	
The name and the Florida street address of the re	gistered agent are:
Matthew P.	Barger
Name	
1501 North Florida street addr	ess (P.O. Box NOT acceptable)
Lake Worth City, State, ar	FL 33460 nd Zip
Having been named as registered agent and to a liability company at the place designated in th registered agent and agree to act in this capacity. statutes relating to the proper and complete per	ccept service of process for the above stated limited is certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S
M. Bay	2007.
Registered Agent's Signatu	N I I P
(CONTINU Poge 1 of 2	DED)

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

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

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Matthew Barger 1501 North NST Loke Worth, FL 334
MGLM	Patrick Barger 1501 North N St Lake Worth FL 33460
(Use attachment if necessary)	
CLE V: Effective date, if other than effective date is listed, the date mu 0 days after the date of filing.)	n the date of filing: 7-17-07. (OPTION ast be specific and cannot be more than five business da
CLE V: Effective date, if other that effective date is listed, the date mu	ust be specific and cannot be more than five business da
CLE V: Effective date, if other than effective date is listed, the date mu 0 days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a mu (In accordance wi of this document that the facts sta	ember of an authorized representative of a member.  ith section 608.408(3), Florida Statutes, the execution constitutes an affirmation under the penalties of perjury
CLE V: Effective date, if other than effective date is listed, the date mu 0 days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a mu of this document that the facts started the date of the date	ember of an authorized representative of a member.  ith section 608.408(3), Florida Statutes, the execution constitutes an affirmation under the penalties of perjury ated herein are true.)
CLE V: Effective date, if other than effective date is listed, the date mu 0 days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a mu (In accordance wi of this document that the facts sta	ember of an authorized representative of a member.  ith section 608.408(3), Florida Statutes, the execution constitutes an affirmation under the penalties of perjury ated herein are true.)