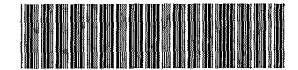
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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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DEVISION OF CERPORATIONS

COVER LETTER

TO:	Registration S Division of Co			
SUB.II	ECT: POHO	G, LLC	=-	•.
5050		(Name of Limi	ted Liability Company)	
The en	closed Articles of	Organization and fee(s) are	submitted for filing.	
Please	return all corresp	ondence concerning this mat	ter to the following:	
	Robert P	. Avolio, Esquir	e	
	<u></u>		(Name of Person)	
	Avolio ar	nd Hanlon, P.C	•	
			(Firm/Company)	
	11025 R	CA Center Driv	e, Suite 100	<u> </u>
	- "-		(Address)	Sign
	Palm Bea	ach Gardens, F	L 33410	ON OF CORPORATION
		(Ci	iy/State and Zip Code)	PH P
For fur	ther information of	concerning this matter, pleas	e call:	JUL 23 PH 4: 14
Rob	ert P. Av	olio, Esquire	at 609 219-18	10
	(Name	of Person)	(Area Code & Daytime Tele	phone Number)
Enclos	ed is a check fo	r the following amount:		
\$125.	00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	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 C Tallahassee, FL 32301	ircle

AVOLIO & HANLON, P.C.

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CROSSROADS CORPORATE CENTER
3150 BRUNSWICK PIKE
SUITE 120
LAWRENCEVILLE, NJ 08648
(609) 219-1810 • Fax (609) 219-1812
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ROBERT P. AVOLIO †*
CHARLES J. HANLON, JR.*

LISA R. FRIEDMAN**
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TRACY L. MARKHAM*

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> 2730 U.S. #1 SOUTH SUITE J ST. AUGUSTINE, FL 32086 (904) 794-7005 F2x (904) 794-7007

tNJ & FL Board Certified Civil Trial Attorney

*NJ Bar

FL Bar

**NJ & PA Bars

*FL & NY Bars

▼NJ, PA, NY, FL & D.C. Bass

July 17, 2007

Registration Section Division of Corporations P. O. Box 6327 Tallahassee, Florida 32314

Re:

POHG, LLC

Registration/Organization For Florida Limited Liability Company

ECRETARY OF STATE

Dear Sir/Madam:

This letter shall serve to advise that we represent POHG, LLC, the above captioned organization, for the purpose of registering as a Limited Liability Company to conduct business in the State of Florida.

On behalf of POHG, LLC please find the following documents enclosed:

- 1. Cover Letter
- 2. Articles of Organization For Florida Limited Liability Company
- 3. Check in the amount of \$155.00 made payable to "Registration Section, Division of Corporation" representing payment of the filing fee as well as obtaining a Certified Copy.

AVOLIO AND HANLON, P.C. Page Two July 17, 2007

Thank you for your assistance and attention to this request.

Very truly yours, AVOLIO AND HANLON, P.C.

]

Robert P. Avolio, Esquire

RPA/cls Encls.

Cc:

Peter Pantages (w/encls.)

VISION OF CORPORATION 11 1

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company	is:
POHG, LLC (Must end with the words "Limited Li	iability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the	e principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
	C/o Peter L. A. Pantages Anchor Bank 11025 RCA Center Drive Suite 100, Palm Beach Gardens, FL 33410
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own Rebusiness entity with an active Florida registration.)	red Office, & Registered Agent's Signature:
The name and the Florida street address of the	ne registered agent are:
Robert P. Avolid	D. Esquire 골 중앙
	nter Dr., Suite 100

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..

Palm Beach Gardens, FL 33410
City, State, and Zip

Registered Agent's Signature (REQURED)

(CONTINUED)
Page 1 of 2

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

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

MGRM	Peter L. A. Pantages c/o Anchor Bank 11025 RCA Center Drive, Ste. 100 Palm Beach Gardens, FL 33410
	= = = = = = = = = = = = = = = = = = = =
	E 23
Use attachment if necessary)	
	late of filing: (OPTI

REQUIRED SIGNATURE:

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.)

Peter L. A. Pantages

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)