





FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 27, 2007

PAUL RISHELL  
127 VILLABELLA DRIVE  
ISLAMORADA, FL 33036

SUBJECT: PALERMO 152  
Ref. Number: W07000036320

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
07 AUG - 1 PM 4: 05

We have received your document for PALERMO 152 and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a Limited Liability Company must end with the words "Limited Company" or Limited Liability Company or with one of the following abbreviations Ltd. Co., LC, "L.C.," LLC, or L.L.C.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan  
Document Specialist

Letter Number: 207A00046938

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Palermo 152**  
*(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:

**Paul Rishell**  
*(Name of Person)*

*(Firm/Company)*

**127 Villabella Drive,**  
*(Address)*

**Islamorada, FL 33036**  
*(City/State and Zip Code)*

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For further information concerning this matter, please call:

**Agnes Rishell** at ( **305** ) **664 4774**  
*(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

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Palermo 152 LLC

(Must end with the words "Limited Liability Company," "LLC," or "LLC.")

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**ARTICLE II - Address:**

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

**Principal Office Address:**

82245 Overseas Highway  
Islamorada, FL 33036

**Mailing Address:**

127 Villabella Drive,  
Islamorada, FL 33036

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Paul Rishell

Name

82245 Overseas Highway

Florida street address (P.O. Box NOT acceptable)

Islamorada, FL 33036<sub>FL</sub>

City, State, and Zip

*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 (REQUIRED)

(CONTINUED)

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**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:**

MGR

Paul Rishell  
82245 Overseas Highway  
Islamorada, FL 33036

MGR

Agnes Rishell  
82245 Overseas Highway  
Islamorada, FL 33036

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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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.)

Paul W. RISHELL

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)