

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)205-0383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone : (305)552-5973 Fax Number : (305)220-1440

## FLORIDA/FOREIGN LIMITED LIABILITY CO.

#### PALMETTO BAY GROUP, LLC

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(10/2007 1:10 PM

FROM : LAZARUS

### H07000202448

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of ine Limited Liability Company is:	
(Mist and with the words "Limited Linkying Company," Limited Company" or their abbreviation "LLC," or "L.C.,	, <sup>7</sup> -)

ARTICLE II - Address:

ARTICLE I - Name:

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

Principal Office Address:		Mailing Address:
15020 SW 74 Ave Palmeto Bay, FL 30158-2123		15020 SW 74 Ave
Palmeto Bay, Fl 30158-2123	;`	15020 SW 74 Ave Belone the Bay, A. 33158-212:
		· · · · · · · · · · · · · · · · · · ·

ARTICIA: 111 - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Limiting 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:

Name

15020 SW 74 Ave

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

Palmetto Bay FL 33158-2123

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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FAX NO. :3052201440

FROM : LAZARUS

#### H07000202448

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

	"MGRM" Managing Member  MGRM	South Florida 15020 SW 74 Pelme to Bay,	an LLLP Axe
		Falme He Bay,	FL 33158-2123
	**************************************		
	(Use attachment if necessary)		
(If an	ICLE V: Effective date, if other than effective date is listed, the date mu 90 days after the date of filing.)	n the date of filing:  ust be specific and cannot be more	(OPTIONAL) than five business days prior

Filing Feer:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

that the facts stated herein are irue.)

Page 2 of 2

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

Typed or printed name of signee