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Special Instructions to Fili	na Officer:	
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Office Use Only



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2007 NOV 26 PM 1: 54 SECRETARY OF STATE TALLAHASSEE, FLORIDA

11.27 W - 118128

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: BOCA MADERA L.L.C. (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:	
DONNA "DENA" NATHANSON (Name of Person)	
(Name of Person)	
(Firm/Company)	
3200 NW 28 TERRACE (Address) BOCA RATON, FL 33434 (City/State and Zip Code)	
(Address)	
BOCA RATON, FL 33434	
(City/State and Zip Code)	
BOCA RATON, FL 33434 City/State and Zip Code	-37
TARREST SIGNATURAL SAN STAN SIGNATURAL SAN SIGNATURA SAN SINTURA SAN SIGNATURA SAN SIGNAT	CHEMORE A
(Name of Person) (Area Code & Daytime Telephone Number)	
561 212-0513C FOR =	- (maxima)
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\Bigcup \\$130.00 Filing Fee & \Bigcup \\$155.00 Filing Fee & \Bigcup \\$160.00 Filing Fee, Certificate of Status & Certified Copy	
\$125.00 Filing Fee \$\times \text{\$130.00 Filing Fee & Certified Copy (additional copy is enclosed)} \text{\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \text{\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)}	
Mailing Address Street/Courier Address Registration Section Registration Section	

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

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:	
The haine of the Limited Endomey Company is.	
BOCA MADERA (Must end with the words "Limited Liability)	L.L.C.
(Must end with the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
3200 NW 28 TERRACE BOCA RATON, FL 33434	SAME
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.) The name and the Florida street address of the re	ered Agent. You must designate an individual or another
	-
Name	/VATHANJON
3200 NW 28	NATHANSON FL 33434 TERRACE ANDT acceptable) FL 33434 TABLE TO P
Baca Data	ress (P.O. Box NOT acceptable) FL 33434 ad Zip FL 73 PD 1
Boca RATON City, State, a	nd Zip
Having been named as registered agent and to a liability company at the place designated in the 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 as 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

(CONTINUED)
Page 1 of 2

Title: "MGR" = Mana "MGRM" = Ma	ager anaging Member	Name and Address:		
MGR	<u>-</u>	DONNA NATHANSON 3200 NW 28 TER BOCA RATON, FL 334	134	
				
effective date is li	e date, if other than the isted, the date must b	e date of filing: (one is the content of t		
CLE V: Effective	e date, if other than the isted, the date must b date of filing.)		siness day SECRETAR TALLAHAS	vs pr 2007 NOV 26
CLE V: Effective effective date is li	e date, if other than the isted, the date must b date of filing.) IGNATURE: Signature of a member (In accordance with see	er or an authorized representative of a member. ction 608.408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perjury	SECRETARY OF STA	ys pr

Filing Fees:

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

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

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)