

FEB-29-2008 10:47

ROBERT SHAPIRO PA

P.01/04

FILE NO. 013

DATE FEB-27-08 TIME 0:35:01  
START=FEB-07 10:34 END=FEB-07 10:35

STN NO. CQM ABBR NO. STATION NAME/TEL. NO. PAGES DURATION  
001 OK \* 18506176383 003/003 00:00:54  
-ROBERT SHAPIRO PA

Florida Department of State  
Division of Corporations  
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H08000032871 3)))



H080000328713A9C3

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations  
Fax Number : (850) 617-6383  
From: Account Name : SHAPIRO & ADAMS, P.A.  
Account Number : I19990000101  
Phone : (561) 691-0059  
Fax Number : (561) 691-0066

RECEIVED  
08 FEB 29 AM 11:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED  
08 FEB 29 AM 8:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FLORIDA/FOREIGN LIMITED LIABILITY CO.

N/A Enterprises, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help



February 8, 2008

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

SHAPIRO & ADAMS, P.A.

SUBJECT: N/A ENTERPRISES, LLC  
REF: W08000006769

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is L05000024372.

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) 245-6984.

Deborah Bruce  
Regulatory Specialist II

FAX Aud. #: H08000032871  
Letter Number: 808A00008353

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

P.F.A. SARA, LLC

~~N/A Enterprises, LLC~~

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

**ARTICLE II - Address:**

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

**Principal Office Address:**261 Costello Road  
West Palm Beach, FL 33405**Mailing Address:**261 Costello Road  
West Palm Beach, FL 33405**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:

Robert Lee Shapiro, P.A.

Name

2401 PGA Boulevard, Suite 272Florida street address (P.O. Box **NOT** acceptable)Palm Beach Gardens 33410

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)

Page 1 of 2

(H08000032871 3)

 FILED  
 08 FEB 29 AM 8:41  
 SECRETARY OF STATE  
 TALLAHASSEE FLORIDA

**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

Andrew Sarantidis

261 Costello Road

West Palm Beach, FL 33405

(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.)

**Robert Lee Shapiro, Authorized Representative**

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)

Page 2 of 2

(H08000032871 3)

**FILED**  
 08 FEB 29 AM 8:41  
 SECRETARY OF STATE  
 TALLAHASSEE FLORIDA

TOTAL P.04