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SECRETARY OF STATE OF CORPORATIONS OF CORPORATIONS

J. BRYAN

MAR 2 1 2008

EXAMINER

COVER LETTER

TO:

Registration Section

Division of C	orporations				
_{SUBJECT:} 109 N	eptune, LLC				
	(Name of Limite	d Liability Company)		-	
The enclosed Articles of	of Organization and fee(s) are s	ubmitted for filing.			
Please return all corresp	ondence concerning this matte	er to the following:			
Blaine C.	Dickenson				
	(Name of Person)			
Dickenso	n, Rex & Sloan, P./	۹.			
		(Firm/Company)			
980 North	Federal Highway,	Suite 410		80 CLA16	300
- 		(Address)		HAR SE	記
Boca Rate	on, Florida 33432			08 MAR 20 PH 3: 46	IN OF CORPORATIONS
•	(City	/State and Zip Code)		PX	PPO.
				بب	RAI
For further information	concerning this matter, please	call:		16	2
Janet Davis		at (561) 391-19	900		
(Name	of Person)	(Area Code & Daytime	Telephone Number)	•	
Enclosed is a check for	or the following amount:				
\$125.00 Filing Fee	S130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing F Certificate of Sta Certified Copy (additional copy is c	atus &	
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Addre Registration Section Division of Corporati Clifton Building 2661 Executive Cente Tallahassee, FL 3230	ons er Circle		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	·	
The name of the Limited Liability Company	is:	
109 Neptune, LLC (Must end with the words "Limited Lia	shility Company "LLC " or "LLC")	
(wastend with the words Elimited Els	ionity Company, E.E.C., or EEC.	
ARTICLE II - Address: The mailing address and street address of the	principal office of the Limited Liah	ility Company is:
	•	my company is:
Principal Office Address:	Mailing Address:	
2721 Hampton Circle West	2721 Hampton Circle West	
Delray Beach, FL 33445	Delray Beach, FL 33445	
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own Registers) business entity with an active Florida registration.)	gistered Agent. You must designate an individu	
The name and the Florida street address of the	e registered agent are:	2 2
Blaine C. Dickenso		SECRETARY OF S IVISION OF CORPOR
Nan		HA SHE
	Highway, Suite 410	O CONT
	address (P.O. Box <u>NOT</u> acceptable)	PA RPFS
Boca Raton,	_{FL} 33432	3: 4
City, State	e, and Zip	46 ONS

(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:

"MCD" - Manager	Name and Address:
"MGR" = Manager "MGRM" = Managing Meml	ber
Co-Mgrm	Mario Daniele
	2740 Monroe Avenue
	Rochester, NY 14618
Co-Mgrm	Gregory V. Linder
	2717 Hampton Circle West
	Delray Beach, FL 33445
Co-Mgrm	Ronald Joseph
	3540 S. Ocean Blvd. #512-W
	South Palm Beach, FL 33480
•	than the date of filing: (OPTIONA must be specific and cannot be more than five business day
CLE V: Effective date, if other	than the date of filing: (OPTIONA e must be specific and cannot be more than five business day
LE V: Effective date, if other ffective date is listed, the date	than the date of filing: (OPTIONA e must be specific and cannot be more than five business day
CLE V: Effective date, if other ffective date is listed, the date days after the date of filing.) REQUIRED SIGNATURE:	than the date of filing: (OPTIONAl must be specific and cannot be more than five business day
CLE V: Effective date, if other ffective date is listed, the date days after the date of filing.) REQUIRED SIGNATURE:	than the date of filing: (OPTIONA e must be specific and cannot be more than five business day
CLE V: Effective date, if other ffective date is listed, the date days after the date of filing.) REQUIRED SIGNATURE: Signature of (In accordance of this document)	than the date of filing: (OPTIONAl must be specific and cannot be more than five business day

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)