

| (Requestor's Name)                      |              |
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| (City/State/Zip/Phone #)                |              |
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| PICK-UP WAIT                            | MAIL         |
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| (Business Entity Name)                  |              |
|   |              |
| (Document Number)                       | <del></del>  |
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| Certified Copies Certificates of S      | Status       |
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| Special Instructions to Filing Officer: |              |
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**EXAMINER** 



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DIVISION OF CURPORATION



τo:

| TO: Registration S Division of Co |   |   |  |
|-----------------------------------|---|---|--|
| SUBJECT: TUCK                     | < 259, LLC  |   |  |
| SUBJECT:                          | <del></del>   | ed Liability Company)   |  |
| The enclosed Articles of          | of Organization and fee(s) are  | submitted for filing.   |  |
| Please return all corresp         | oondence concerning this mat  | ter to the following:   |  |
| ATTORN                            | NEY ALAN S. N   | OVICK   |  |
|                                   | W   | (Name of Person)  | · · · · · · · · · · · · · · · · · · ·  |
| 1415 PA                           | NTHER LANE  |   |  |
|                                   |   | (Firm/Company)  |  |
| SUITE 1                           | 52  |   |  |
|                                   |   | (Address)   |  |
| NAPLES                            | S, FL 34109   |   |  |
|                                   | (Ci   | ty/State and Zip Code)  |  |
| For further information           | concerning this matter, pleas   | e call:   |  |
| ALAN S. NO                        | VICK  | 31, 239 \ 514-866   | 65   |
| (Nam                              | e of Person)  | (Area Code & Daytime Tele   | phone Number)  |
| Enclosed is a check f             | or the following amount:  |   |  |
| \$125.00 Filing Fee               | \$130.00 Filing Fee & Certificate of Status   | S155.00 Filing Fee & Certified Copy (additional copy is enclosed)   | \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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 C | ircle  |

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company is:  |  |
|--|--|
| TUCK 259, LLC  (Must end with the words "Limited Liability)  | ity Company, "L.L.C.," or "LLC.")  |
| ARTICLE II - Address: The mailing address and street address of the pr   | incipal office of the Limited Liability Company is:  |
| Principal Office Address:  | Mailing Address:   |
| 13595 Whispering Lakes Lane Palm Beach Garden, FL 33418  | 13595 Whispering Lakes Lane Palm Beach Garden, FL 33418  |
| ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist 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  |
| Attorney Alan S. Name  | <u>,                                    </u>   |
| 1415 Panther Lan   | Iress (P.O. Box NOT acceptable)  |
| Naples, FL 34109   | and the second s |
| liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete pe  | accept service of process for the above stated limited his certificate, I hereby accept the appointment as y. I further agree to comply with the provisions of all arformance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S  |

(CONTINUED) Page 1 of 2

Registered Agent's Signature (REQUIRED)

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

The name and address of each Manager or Managing Member is as follows:

| Manager and Managing Member             | Helen Rosenthal             |
|---|-----------------------------|
|   | 13595 Whispering Lakes Lane |
|   | Palm Beach Garden, FL 33418 |
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|   |                             |
|   |                             |
| (Use attachment if necessary)           |                             |
| (F.V. Effective date if other than th   | ne date of filing: (OPTIO)  |

#### **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.)

## HELEN ROSENTHAL

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)