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(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
A. LUNT					

MAY 23 2008

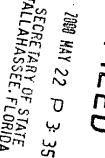
EXAMINER

Office Use Only



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COVER LETTER

TO:

Registration Section

Division of Cor	porations			
SUBJECT: PAL	m TREE (Name of Limi	TANNING LL ted Liability Company)	c	
	Organization and fee(s) are	_		
	ndence concerning this ma			
PALM	TREE TA	(Firm/Company)		
208		(Address) L(33442 ty/State and Zip Code)	SECRE IA TALLAHAS	
Deerfie	eld Beach (Ci	ty/State and Zip Code)	22 - 3: ARY OF STA SSEE, FLOR	
	oncerning this matter, pleas	at (954) 579	9-802 <u>5</u>	
(Name o		(Area Code & Daytim	e Telephone Number)	
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & Certified Copy (additional copy is enclosed	\$160.00 Filing F Certificate of Sta Certified Copy (additional copy is e	itus &
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Add Registration Section Division of Corpora Clifton Building 2661 Executive Cen Tallahassee, FL 323	ntions nter Circle	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:
PALM TREE TANNING 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: Mailing Address:
Boca Raton Fl. 33432 Deerfield Beach Fl. 3344
Boca Katon Fl. 33432 Deerfield Beach Fl. 3344
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: TREVOR PHILLIPS Name 208 Congressional Way 208 Congressional Way
Name 208 Congressional way Florida street address (P.O. Box NOT acceptable) Deer Field Buch FL 33442 City, State, and Zip
Having been named as registered agent and to accept service of process for the above stated limited

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)

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

<u>me:</u>	<u>Name and Address:</u>	
"MGR" = Manager		
"MGRM" = Managing Member		
· -		
MGR	TREVOR Phillips	
	208 Congressional way	
	Deer Feld Beach Ft. 33442	
		
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	ASR 2	
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(Use attachment if necessary)		
	REAL SECTION	
LEV: Effective date, if other than the		
fective date is listed, the date must	be specific and cannot be more than five business days pri-	o

ARTIC (If an ef 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)

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)