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(Address)

(Address)

(City/State/Zip/Phone #)

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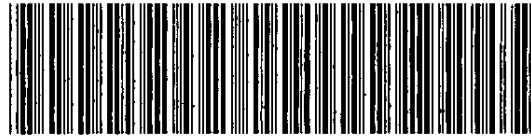
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A. LUNT

JUN 24 2008

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**KENNEDY TRINLEY & SANTINO, P.L.**  
**ATTORNEYS AT LAW**

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THE FORUM - TOWER A  
1675 PALM BEACH LAKES BLVD., SUITE 700  
WEST PALM BEACH, FL 33401

P. TODD KENNEDY, P.A., LL.M. Taxation †  
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MARK J. NOWICKI, P.A., Of Counsel † \*\*\*

\*\* Federal Tax Counsel to the Firm  
Admitted in Ohio Only, Practice Limited  
To Matters of Federal Tax Law  
\*\*\* Also Admitted in Colorado and Montana

June 20, 2008

**VIA FEDERAL EXPRESS (850-245-6051)**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Re: 1603 River House, LLC  
1208 Port Condo, LLC  
1805 Marco Place, LLC  
Las Olas 2001, LLC**

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TALLAHASSEE, FLORIDA

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Dear Sir or Madam:

Enclosed please find Articles of Organization for the four above-referenced Limited Liability Companies. Also enclosed is a client check in the amount of \$500.00 to cover the filing fees.

Once you have filed the Articles of Organization, kindly return a copy (enclosed) to us in the self addressed stamped envelope provided.

Should you have any questions or comments, please do not hesitate to contact me.

Sincerely,

  
Marian O. Hodges, Legal Assistant

MOH/nc  
Encls.

F:\SCHILLIN\Ultra\Div Corporations 06 20 08 wpd

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: 1603 RIVER HOUSE, LLC  
(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:

Paul T. Trinley, Esq.

(Name of Person)

Kennedy Trinley & Santino, P.L.

(Firm/Company)

1675 Palm Beach Lakes Blvd., Ste. 700

(Address)

West Palm Beach, FL 33401

(City/State and Zip Code)

For further information concerning this matter, please call:

Paul T. Trinley, Esq.

(Name of Person)

at ( 561 ) 683-2484

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)    ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (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 Circle  
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

1603 RIVER HOUSE, 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:

75 N.E. 5th Avenue, Apt. E  
Delray Beach, FL 33483

#### Mailing Address:

75 N.E. 5th Avenue, Apt. E  
Delray Beach, FL 33483

### 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:

Kennedy Trinley & Santino, P.L.

Name

1675 Palm Beach Lakes Blvd., Ste. 700

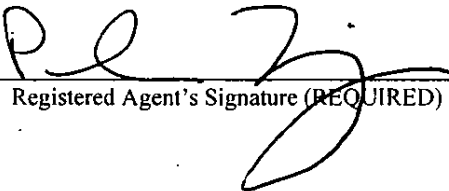
Florida street address (P.O. Box **NOT** acceptable)

West Palm Beach FL 33401

City, State, and Zip

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*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)

**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:**

MGRM

GABRAY CUTANEOUS PARTNERS, LTD.

75 N.E. 5th Avenue, Apt. E

Delray Beach, FL 33483

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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: N/A (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.)

Brent M. Schillinger, Auth Rep of MGRM

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)