Electronic Filing Cover Sheet

Public Access System

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.

(((H080002161623)))



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

Account Name

: INCORPORATING SERVICES FL

Account Number : I20050000052

Phone

: (302)531-0855

Fax Number

: (866)223-0765

ORIDA/FOREIGN LIMITED LIABILITY CO.

Maybourne, LLC

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

J. BRYAN

SEP 17 2008

FXAMINER

Electronic Filing Menu

Corporate Filing Menu

Help

H08000216162 3

COVER LETTER

TO: Registration Division of C			
SUBJECT:	Jaybourne (Name of Limited	Liability Company)	····
The enclosed Articles	of Organization and fee(s) are su	ibmitted for filing.	
Please return all corres	spondence concerning this matter	r to the following:	
	Lisette Sm	Name of Person)	08 SEP 16
Ame	rican Resid	ential Eg	pities 5
34	11 Ocean A	(Address)	AH 8: 06
	<u>en, ce, CA</u>	State and Zip Code)	
For further informatio	n concerning this matter, please	call:	
Lise the	Smyth are of Person)	at (786) 860	elaphore Number)
Enclosed is a check	for the following amount:		
(\$125.00 Filing Fee	S130.00 Filing Fee & [Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 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/Conrier Addre Registration Section Division of Corporation Cilifon Building 2661 Executive Center Tallahassee, FL 3230	ons or Cirele

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

THE THE PARTY OF T	~u 14	
ARTICLE I - Name:		
The name of the Limited Liability Company is:		
Maybourge LLC		
(Must end with the words "Limited Lightlity Company, "L.L.C." or "LLC.")		
ARTICLE II - Address:		
The mailing address and street address of the principal office of the Limited Liability Compa	ıny is:	50
Their start Chillian Address.	8	<u>≤</u> <i>∪</i> :
Principal Office Address: Malling Address:	SE	550
848 Brickell Ave. Penthouse 5ame	~0	
Miami Fr 33/31	5	~~ ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
		얼속
	3	중유
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:	ထု	ORPORATIONS
(The Limited Linbillity Company cannot serve as its own Registered Agent. You must designate an individual or another	: 06	딏쑮
husiness entity with an active Florida registrotion.)	(1)	- X
The name and the Florida street address of the registered agent are:		V.
William Hirsch Kowitz		
- WILLSON MILES		

Having been named as registered agem 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.

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

Registered Agent's Signature (REQUIRED)

(CONTINUED) Page Lof2

H08000216162 3

Title: "MGR" = Manager "MGRM" = Manag	Name and A	<u>.ddress:</u>
MGRM	700 848 700	Brickell Are., Penthon
		.08
THE PARTY OF THE P		
(Use attachment if	-	
LE V: Effective da ffective date is liste	e, if other than the date of filing: , the date must be specific and ca	(OPTIONAI
LE V: Effective da	e, if other than the date of filing:, the date must be specific and ca of filing.)	(OPTIONAI
LE V: Effective da ffective date is listed days after the date <u>REOUTRED</u> SIGI	e, if other than the date of filing:, the date must be specific and ca of filing.) ATURE:	(OPTIONAL nnot be more than five business days
LE V: Effective da ffective date is listed days after the date REOUTRED SIGN	e, if other than the date of filing: , the date must be specific and ca of filing.) ATURE: grature of a member or an authorized accordance with section 608,408(3). Fi	. (OPTIONAL not be more than five business days representative of a member.
TLE V: Effective da ffective date is listed days after the date REOUTRED SIGN	e, if other than the date of filing: , the date must be specific and ca of filing.) ATURE: gostore of a member or an authorized accordance with section 608.408(3). Fil this document constitutes an affirmation that the facts stated herein are true.)	representative of a member. orida Statutes, the execution under the penalties of perjury
LE V: Effective da ffective date is listed days after the date REOUTRED SIGN	e, if other than the date of filing: , the date must be specific and ca of filing.) ATURE: gustore of a member or an authorized accordance with section 608.408(3). Fil this document constitutes an affirmation	(OPTIONAl nuot be more than five business days representative of a member. or da Statutes, the execution under the penalties of parjury

Page 2 of 2