

L 08 0000 97226

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

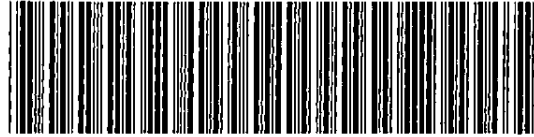
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400136846144

10/14/08--01039--024 **155.00

FILED
08 OCT 14 AM 8:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. KOHR

OCT 16 2008

EXAMINER

JEROME R. MILLER, P.A.
ATTORNEY AT LAW
1300 NORTH FEDERAL HIGHWAY
SUITE 107
BOCA RATON, FLORIDA 33432

ADMITTED IN FLORIDA AND NEW JERSEY
FLORIDA BOARD CERTIFIED TAX ATTORNEY

TEL 561 / 392-1405
FAX 561 / 394-9077

E-MAIL: JRMTAX@bellsouth.net

October 10, 2008

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Roberta M. Deutsch, L.L.C.

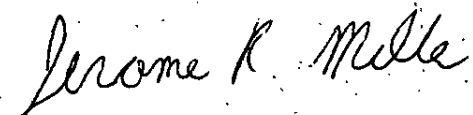
Gentlemen:

Enclosed herewith are the original Articles of Organization of the above named Limited Liability Company. Also enclosed herein is a check of Robert M. Deutsch, payable to the Department of State, in the amount of \$155.00 covering the cost of the filing fee and a certified copy of the Articles.

Please return all correspondence as well as the certified copy and any accompanying materials from your office to Roberta M. Deutsch at 2499 Glades Road, Suite 110, Boca Raton, Florida 33431.

Please contact the undersigned if any additional information is required in connection with this matter.

Very truly yours,


Jerome R. Miller

JRM/jmb
Enclosures

FILED
08 OCT 14 AM 8:35
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Roberta M. Deutsch, L.L.C.

(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:

2499 Glades Road

Suite 110

Boca Raton, FL 33431

Mailing Address:

same

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:

Roberta M. Deutsch, Esq.

2499 Glades Road, Suite 110

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

Boca Raton FL 33431

City, State, and Zip

FILED
08 OCT 14 AM 8:35
TALLAHASSEE, FLORIDA

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)

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:

Title:

Name and Address:

"MGR" = Manager

"MGRM" = Managing Member

MGRM

Roberta M. Deutsch, Esq.

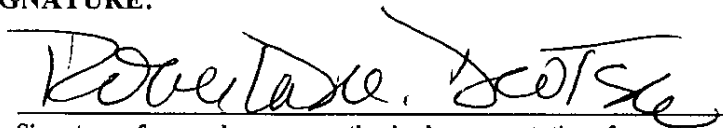
2499 Glades Road, Suite 110

Boca Raton, FL 33431

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (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.)

Roberta M. Deutsch

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)