

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : MOYLE, FLANIGAN, KATZ, RAYMOND, WHITE & KRASKER, P.A.
Account Number : 120060000039
Phone : (561) 659-7500
Fax Number : (561) 659-1789

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TALLAHASSEE, FLORIDA

FLORIDA/FOREIGN LIMITED LIABILITY CO.

FEELGOOD PARTNERS, LLC

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

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EXAMINER

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**ARTICLES OF ORGANIZATION
OF
FEELGOOD PARTNERS, LLC**

The undersigned hereby forms and establishes a limited liability company under the laws of the State of Florida.

**ARTICLE I
NAME**

The name of this limited liability company is FEELGOOD PARTNERS, LLC ("Company").

**ARTICLE II
ADDRESS**

The mailing address and street address of the principal place of business of the Company is 300 Wilma Circle, Riviera Beach, Florida 33404. The Company may at its discretion at any time, change the address of its principal place of business.

**ARTICLE III
REGISTERED AGENT**

The name and street address of the initial registered agent of this Company is Paul A. Krasker, Esquire, 625 North Flagler Drive, 9th Floor, West Palm Beach, Florida, 33401.

**ARTICLE IV
MANAGEMENT**

The management of this Company shall be vested in a manager. The name and mailing address of the manager ("Manager") is as follows: James Michael Fazio, whose address is 300 Wilma Circle, Riviera Beach, Florida 33404.

**ARTICLE V
PURPOSE**

The Company may participate in any lawful business activity or investments.

**ARTICLE VI
OPERATING AGREEMENT**

The power to adapt, alter, amend or repeal the Operating Agreement of the Company shall be vested in and require the unanimous approval of its members.

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**ARTICLE VII
NO FURTHER DEBTS**

Except as otherwise provided by these Articles, no debt shall be contracted nor liability incurred by or on behalf of this Company except by the Manager.

**ARTICLE VIII
CONTINUED EXISTENCE**

The business of this Company shall not be dissolved on the death, retirement, resignation, expulsion, bankruptcy or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in this Company, unless the manager and the remaining members consent to such a termination of the business of the Company within ninety days of the occurrence of any event which would terminate the existence of this Company.

IN WITNESS WHEREOF, I have hereunto subscribed my name this 6 day of November 2008.

Paul A. Krasker
Paul A. Krasker, an Authorized Representative

STATE OF FLORIDA)
COUNTY OF PALM BEACH)

The foregoing instrument was acknowledged before me this 6 day of November, 2008, by Paul A. Krasker, as the authorized representative of the members, who is personally known to me, OR has produced _____ as identification.



(NOTARY STAMP)

Andrea M. Holloway
Notary
Name: Andrea M. Holloway
Notary Public
Serial (Commission) Number _____
(If any) _____

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 of registered agent for Feelgood Partners, LLC as provided for in Chapter 608, F.S.

Paul A. Krasker
Paul A. Krasker, Registered Agent

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