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(Re	questor's Name)	
·	dress)	
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(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
· (Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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EFFECTIVE DATE 12/31/08

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B. KOHR

DEC 1 0 2008

EXAMINER

COVER LETTER

	degistration Section Noticion of Corporations	EFFECTIVE DATE 12/31/08
SUBJECT	F:Centerpoint S&S, LLC	
	(Name of Limited Liabili	ty Company)
The enclos	sed Articles of Organization and fee(s) are submitted	for filing.
Please retu	ern all correspondence concerning this matter to the	following:
	<u> </u>	
	(Name of	Person)
	Centerpoint S&S, LI	c E
	(Firm/Con	
	c/o Nancy Naramore	第二章 ·
	8127 SE Woodlake La	ine To a co
	(Addr	ess)
	Hobe Sound, Florida	33455
	(City/State and	
For further	information concerning this matter, please call: John J Sousa at (56 (Name of Person)	61) 627-4949 (Area Code & Daytime Telephone Number)
	Certificate of Status Cert	.00 Filing Fee & S160.00 Filing Fee, ified Copy Certificate of Status & Certified Copy (additional copy is enclosed)
	P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee. FL 32301

EFFECTIVE DATE 12/3/08

·	<u> </u>
ARTICLES OF ORGANIZATION FOR FLO	ORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Company is:	FILED ANISSEE.
Centerpoint S&S, LLC	B: L'S
(Must end with the words "Limited Liability	
ARTICLE II - Address:	
The mailing address and street address of the prin	icipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
8127 SE Woodlake Lane Hobe Sound, Florida 33455	8127 SE Woodlake Lane Hobe Sound, Florida 33455
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	Office, & Registered Agent's Signature: ed Agent. You must designate an individual or another
The name and the Florida street address of the reg	gistered agent are:
John J Sousa	
Name	
631_US_Highway	#1. Suite 101
	ess (P.O. Box NOT acceptable)
	- 22400
North Palm Beach City, State, and	FL 33408 d Zip
liability company at the place designated in this registered agent and agree to act in this capacity. statutes relating to the proper and complete perf	scept service of process for the above stated limited is certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and ered agent as provided for in Chapter 608, F.S

(CONTINUED)
Page 1 of 2

Registered Agent's Signature (REQUIRED)

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Men	Name and Address:
MGRM	John J Sousa
	631 US Highway #1, Suite 101 North Palm Beach, Florida 33
	NOTE PAIN BEACH, PIOLICA 33
——————————————————————————————————————	
	er than the date of filing: <u>12/31/08</u> . (OPTIONA
LE V: Effective date, if other	er than the date of filing: <u>12/31/08</u> . (OPTIONA te must be specific and cannot be more than five business day
LE V: Effective date, if other fective date is listed, the da	er than the date of filing: 12/31/08 . (OPTIONA te must be specific and cannot be more than five business day g.)
LE V: Effective date, if other fective date is listed, the date days after the date of filing REQUIRED SIGNATUR	er than the date of filing: 12/31/08 (OPTIONAl te must be specific and cannot be more than five business day g.) E:
LE V: Effective date, if other fective date is listed, the date days after the date of filing REQUIRED SIGNATUR	er than the date of filing: (OPTIONAl te must be specific and cannot be more than five business day g.) E: of a member of an authorized representative of a member.
LE V: Effective date, if other fective date is listed, the date days after the date of filing REQUIRED SIGNATUR Signature (In accordate of this doctary)	er than the date of filing: 12/31/08. (OPTIONAl te must be specific and cannot be more than five business day g.) E:
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LE V: Effective date, if other fective date is listed, the date days after the date of filing REQUIRED SIGNATUR Signature (In accordate of this doctary)	er than the date of filing: 12/31/08 (OPTIONAL te must be specific and cannot be more than five business day (3.) E: Ance with section 608.408(3), Florida Statutes, the execution under the penalties of perjury facts stated herein are true.) John J Sousa
LE V: Effective date, if other fective date is listed, the date days after the date of filing REQUIRED SIGNATUR Signature (In accordate of this document of this document of the date of	er than the date of filing:
LE V: Effective date, if other fective date is listed, the date days after the date of filing REQUIRED SIGNATUR Signature (In accordate of this document of this document of the date of	er than the date of filing: