

L080000116361

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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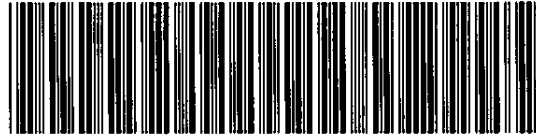
(Business Entity Name)

(Document Number)

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED

08 DEC 23 PM 3:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B. KOHR

DEC 23 2008

EXAMINER



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 837549 7117422

AUTHORIZATION :

*[Handwritten signature]*

COST LIMIT : \$ 155.00

ORDER DATE : December 23, 2008

ORDER TIME : 11:45 AM

ORDER NO. : 837549-005

CUSTOMER NO: 7117422

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TALLAHASSEE, FLORIDA

DOMESTIC FILING

NAME: ABSENTE 5, LLC

EFFECTIVE DATE: \_\_\_\_\_

\_\_\_\_ ARTICLES OF INCORPORATION  
\_\_\_\_ CERTIFICATE OF LIMITED PARTNERSHIP  
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY  
\_\_\_\_ PLAIN STAMPED COPY  
\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Carina L. Dunlap - EXT. 2951

EXAMINER'S INITIALS: \_\_\_\_\_

**ARTICLES OF ORGANIZATION OF  
ABSENTE 5, LLC  
A LIMITED LIABILITY COMPANY**

The undersigned, being authorized to execute and file these Articles, hereby certifies that:

**ARTICLE I**

The name of the Limited Liability Company is: ABSENTE 5, LLC.

**ARTICLE II**

The mailing address and street address of the principal office of the Limited Liability Company is: 58 Island Estates Parkway, Palm Coast, Florida, 32137.

**ARTICLE III**

The period of duration for the Limited Liability Company shall be perpetual.

**ARTICLE IV**

The Limited Liability Company is to be managed by a manager or managers, as may be set forth in the Operating Agreement. Until otherwise provided in the Operating Agreement, the name and address of the initial Manager(s) shall be:

Michel Roux, 58 Island Estates Parkway, Palm Coast, Florida 32137.

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## ARTICLE V

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be set forth in the Operating Agreement.

I have signed these Articles of Organization and acknowledged them to be my act  
this 23 day of December, 2008.

By: 

B. PAUL KATZ, AGENT

**CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE  
FOR THE SERVICE OF PROCESS WITHIN FLORIDA, NAMING  
AGENT UPON WHOM PROCESS MAY BE SERVED FOR  
ABSENTE 5, LLC**

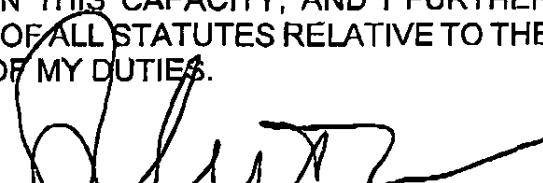
IN COMPLIANCE WITH SECTION 608.507, FLORIDA STATUTES, THE  
FOLLOWING IS SUBMITTED:

FIRST: THAT THE UNDERSIGNED AGENT, DESIRING TO ORGANIZE OR  
QUALIFY THE ABOVE REFERENCED LIMITED LIABILITY COMPANY UNDER THE  
LAWS OF THE STATE OF FLORIDA, WITH ITS PRINCIPAL PLACE OF BUSINESS AT  
58 ISLAND ESTATES PARKWAY, PALM COAST, FLORIDA, 32137, HAS NAMED B.  
PAUL KATZ, LOCATED AT ATRIUM SUITE, 1 FLORIDA PARK DRIVE SOUTH, PALM  
COAST, FLORIDA 32137, AS ITS REGISTERED AGENT AND OFFICER TO ACCEPT  
SERVICE OF PROCESS WITHIN FLORIDA.

  
B. PAUL KATZ, AGENT

DATE: 12/23/08

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE-  
STATED LIMITED LIABILITY COMPANY, AT THE PLACE DESIGNATED IN THIS  
CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER  
AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE  
PROPER AND COMPLETE PERFORMANCE OF MY DUTIES.

  
REGISTERED AGENT

DATE: 12/23/08