

Division of Corporations Public Access System

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To:

Division of Corporations

: (850)617-6383 Fax Number

: GUNSTER, YOAKLEY, ETAL. (WEST PALM BEACH) Account Name

Account Number : 076117000420 Phone : (561)650-0728

: (561)655-5677 Fax Number

FLORIDA/FOREIGN LIMITED LIABILITY CO.

1501 S Flagler Drive, LLC

Certificate of Status	I
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EXAMINER

1/6/2009

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COVER LETTER
TO: Registration Section Division of Corporations
SUBJECT: 1501 S. Flagler Drive, LLC (Name of Limited Liability Company)
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Daniel J. Glassman, Esq.
(Name of Person)
Gunster, Yoakley & Stewart, P.A.
(Firm/Company)
777 S. Flagler Dr. 500 East
(Address)
West Palm Beach, FL 33401
(City/State and Zip Code)
For further information concerning this matter, please call:
Ricia N. Jastrow, FRP, MBA at 561 650-0713
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
S125.00 Filing Fee S130.00 Filing Fee & S155.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address Registration Section Registration Section

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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ARTICLES OF ORGANIZATION FOR F	LORIDA LIMITED LIABILITY	Y COMPANY
ARTICLE I - Name: The name of the Limited Liability Company is	u.	
1501 S. Flagler Drive, LLC (Must end with the words "Limited Liab	ility Company, "L.L.C.," or "LLC.")	· · · · · · · · · · · · · · · · · · ·
ARTICLE II - Address: The mailing address and street address of the p	orincipal office of the Limited Liabil	iity Company is:
Principal Office Address:	Mailing Address:	
346 Crescent Dr Palm Beach, FL 33480	346 Crescent Dr Palm Beach, FL 33480	
ARTICLE III - Registered Agent, Registere (The Limited Liability Company camet serve as its own Registusiness entity with an active Florida registration.) The name and the Florida street address of the	stered Agent. You must designate an individual	gnature: Or amother OF JAN
<u>Donna L. George</u>	<u> </u>	- 5 PART
Name		14 95 14 95 14 95 14 95 14 95 15 95 16 95
346 Crescent Dr	idress (P.O. Box NOT acceptable)	
Palm Beach, City, State,	_{FL} 33480	C4:8
Having been named as registered agent and to liability company at the place designated in registered agent and agree to act in this capaci statutes relating to the proper and complete p accept the obligations of my position as feg Registered Agent's Signal	accept service of process for the abo this certificate, I hereby accept the ap ty. I further agree to comply with the erformance of my duties, and I am fa istered agent as provided for in Chap	ppointment as provisions of all miliar with and
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Donna L. George 346 Crescent Dr Palm Beach, Ft 33480
346 Crescent Dr Palm Beach, FL 33480
346 Crescent Dr Palm Beach, FL 33480
Palm Beach, FL 33480
1
an authorized representative of a member.
s 608.408(3), Florida Statutes, the execution s an affirmation under the penalties of perjury n are true.)
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or printed name of signee
tion and Designation
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