## Florida Department of State

Division of Corporations Public Access System

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(((H09000002952 3)))



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To:

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

Account Number : 076117000420

Phone

: (561)650-0728

Fax Number

: (\$61)655-5677

LORIDA/FOREIGN LIMITED LIABILITY (

260 Oleander Avenue, LLC

Certificate of Status	1
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Page Count	04
Estimated Charge	\$130,00

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## **COVER LETTER**

H090000029523

	ration Section on of Corporations		
SUBJECT: 2	60 Oleander Avenu	e, LLC	
	(Name of Limite	d Liability Company)	<del></del>
The enclosed A	rticles of Organization and fee(s) are	submitted for filing.	
Please return al	correspondence concerning this matt	er to the following:	
Dan	el J. Glassman, Esc	<b> .</b>	
<del></del> -		Name of Person)	
Gun	ster, Yoakley & Stev	vart, P.A.	
		(Firm/Company)	70. 20.
777	S. Flagler Dr. 500 E	ast	
_ <del></del> _		(Address)	
Wes	t Palm Beach, FL 33	3401	SET OF
	(Çiŋ	/State and Zip Code)	
For further info	nation concerning this matter, please	call:	TOWNS TO SEE
Ricia N.	Jastrow, FRP, MBA	at 561 650-07	13
	(Name of Person)	(Area Code & Daytime Tele	phone Number)
Enclosed is a	heck for the following amount:		
□\$125.00 Filin	g Fee  \$\square \square	\$155,00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations	Street/Courier Address Registration Section Division of Corporations	

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

(g) VV3/VV

H09000002952 3

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

260 Oleander Avenue, LLC

(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:	Mauing Address:	
346 Crescent Dr Palin Beach, FL 33480		2009 JAN
ARTICLE III - Registered Agent, Registered Limited Liability Company cannot serve as its own I business entity with an active Florida registration.)  The name and the Florida street address of I	ered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another	-6 AH IO:
Donna L. Geor		8
346 Crescent Description Street Palm Beach,	Or et address (P.O. Box <u>NOT</u> acceptable) FL 33480	
City, St	tate, and Zip	

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 the provision as registered agent as provided for in Chapter 608, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)
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<u>Title:</u>	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	
MGR	Donna L. George
	346 Crescent Dr
	Palm Beach, FL 33480
	<u>.</u>
·	
<del></del>	,
-	
(Use attachment if necessary)  LE V: Effective date, if other than the fective date is listed, the date must be days after the date of filing.)	e date of filing: (OPTIC be specific and cannot be more than five business
LE V: Effective date, if other than the fective date is listed, the date must be days after the date of filing.)  REQUIRED SIGNATURE	e date of filing: (OPTIC pe specific and cannot be more than five business aror an authorized representative of a member.
LE V: Effective date, if other than the fective date is listed, the date must be days after the date of filing.)  REOUTRED SIGNATURES  Signature of a member of the accordance with se	ar or an authorized representative of a member.  section 608.408(3), Florida Statutes, the execution fitutes an affirmation under the penalties of perjury
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