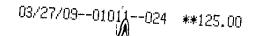
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EXAMINER

Karp & Langerman, P. G. Milford Place Lorporate Center 185 Plains Road

LAWRENCE LANGERMAN llangerman@karp-langerman.com

jkarp@karp-langerman.com

JOEL C. KARP

MILFORD (203) 876-0606 WESTPORT (203) 866-5892 FAX (203) 876-0768

March 24, 2009

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

5 Forest Glen Associates LLC

Dear Sir:

Enclosed is the Cover Letter and Articles of Organization for the above LLC for filing as a Florida Limited Liability Company.

A check in the amount of \$125.00 made payable to the Florida Department of State to cover the filing fee is also enclosed.

Please call me if you have questions.

ery Xruly yours,

Joel C. Karp

Encls.

cc: Phyllis and Ronald Shaw shaw/ltr/Florida Registration-09.1024

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Carlotte to the

ర్లుకు వివారం ఉండుకుండా కూడాం. పైలుకు ప్రస్తున్న కూడా కు ప్రభామంత్రులు ప్రభామన పాష్ట్రాలు కూడా కుండిని ప్రస్తు కాటక్ ప్రభాణ ప్రస్తున్న ప్రధానం ప్రభాణ ప్రస్థానికి ప్రభాణ ప్రస్థానికి ప్రస్థానికి తెల్లి ముందుకున్నారు. మహకారక

COVER LETTER

TO;	Registration Se Division of Co			,
SUBJE	ECT: 5 Fore	est Glen Associates I (Name of Limited I		
The en	closed Articles of	Organization and fee(s) are sub	mitted for filing.	
Please	return all correspo	ondence concerning this matter t	o the following:	
	Joel C. Ka		me of Person)	
-	Karp & Lar	ngerman, P.C.	m/Company)	09
	185 Plains	(Fir Road, Suite 209E	m/Company)	MAR 27
-			(Address)	Ser. 3
-	Milford, (ate and Zip Code)	OSMAR 27 MII. 1-
For furt	her information c	oncerning this matter, please cal	l:	· ·
_Joe1	. C. Karp, E	Sq. at	(203) 876-0606 (Area Code & Daytime Tel	ephone Number)
Enclose	ed is a check for	the following amount:		
3 \$125.0	00 Filing Fee [\$130.00 Filing Fee & Certificate of Status	\$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 P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center C	

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
5 Forest Glen Associates LLC (Must end with the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1038 Grand Isle Terrace Palm Beach Gardens, FL 33418	1038 Grand Isle Terrace Palm Beach Gardens, FL 33418
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	and A cont. Von must decignete an individual or another
The name and the Florida street address of the re	egistered agent are:
Phyllis Shaw Name	egistered agent are: Prace Pess (P.O. Box NOT acceptable) Pr. 33/118
1038 Grand Isle Ter	race
Florida street addı	ress (P.O. Box <u>NOT</u> acceptable)
Palm Beach Gardens,	FL JJ410
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per	ccept 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 tered agent as provided for in Chapter 608, F.S

(CONTINUED)
Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

	Name and Address:
"MGR" = M "MGRM" =	lanager · Managing Member
MGRM	Phyllis Shaw
	1038 Grand Isle Terrace
	Palm Beach Gardens, FL 33418
MGR	Ronald G. Shaw
	1038 Grand Isle Terrace
	Palm Beach Gardens, FL 33418
TI 44 1	1:6
Use attachn	ment if necessary)
LEV: Effec	nent if necessary) etive date, if other than the date of filing: (OPTIO is listed, the date must be specific and cannot be more than five business
LE V: Effective date	etive date, if other than the date of filing: (OPTIO
LE V: Effective date	etive date, if other than the date of filing: (OPTIO is listed, the date must be specific and cannot be more than five business
LE V: Effective date	etive date, if other than the date of filing: (OPTIO is listed, the date must be specific and cannot be more than five business the date of filing.)
LE V: Effective date	etive date, if other than the date of filing: (OPTIO is listed, the date must be specific and cannot be more than five business
LE V: Effective date	etive date, if other than the date of filing: (OPTIO is listed, the date must be specific and cannot be more than five business the date of filing.)
LE V: Effective date	etive date, if other than the date of filing:
LE V: Effective date	ctive date, if other than the date of filing: (OPTIO is listed, the date must be specific and cannot be more than five business the date of filing.) Description: Signature of a member or an authorized representative of a member.
LE V: Effect ective date days after the	etive date, if other than the date of filing:
LE V: Effective date	ctive date, if other than the date of filing: (OPTIO is listed, the date must be specific and cannot be more than five business the date of filing.) Description: Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)