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T. HAMPTON APR 2 7 2009

EXAMINER

## **COVER LETTER**

то:	Registration Section Division of Corporations
SUBJE	(Name of Limited Cability Company)
The enc	osed Articles of Organization and fee(s) are submitted for filing.
Please r	turn all correspondence concerning this matter to the following:
	J. Robert Bell II
-	(Name of Person)
-	(Firm/Company)
	144 V 5 / (Address)
-	(Address)
-	North Palm Beach Fl 33408 (City/State and Zip Code)
	er information concerning this matter, please call:
J.	(Name of Person) at (561) BB/- 7272  (Area Code & Daytime Telephone Number)
	(1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.
Enclose	t is a check for the following amount:
\$125.0	Filing Fee \$\times \text{\$130.00 Filing Fee & Certificate of Status}\$\$ Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Registration Section Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

(Must end with the words "United 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:	Mailing Address:
N. Pains Beach Fla 3340	8 144 VS / N. Pain Beach FL 33408

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

S. Robert Bell H

Name

144 V5 1

Florida street address (P.O. Box NOT acceptable)

N. Palm Beach FL 33408

City, State, 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 my position as registered agent as provided for in Chapter 608, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

SECRETARY OF STATE DIVISION OF CORPORATIONS

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
M'G R	J. Robert Bell Z 101 00:4 Rd S. N. Palm Beach, FL 3340
MOR	R. Charpf. Ga: 110 5171 CAMQL DRIVE LAKE WOTTL, FC 33463
MER	12950 N. CALUSA OR. re Migmi, FL 33186
(Use attachment if necessary)	

**REQUIRED SIGNATURE:** 

to or 90 days after the date of filing.)

**ARTICLE V:** Effective date, if other than the date of filing: \_

Signature of a member or an authorized representative of a member.

(If an effective date is listed, the date must be specific and cannot be more than five business days prior

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated began are true.)

that the facts stated herein are true.)

Typed or printed name of signee

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)

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(OPTIONAL)

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