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(Requestor's Name)				
(Address)				
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Zip/Phone #)				
WAIT MAIL				
Entity Name)				
Number)				
ertificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



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SECRETARY OF STATE
ALL AHASSEF FLORIDA

J. BRYAN

MAY 26 2009

EXAMINER

COVER LETTER

TO:

Registration Section

Division of C	orporations		
SUBJECT:	Burt Ren	tals New Homes, LLC	
	Name of Limit	ed Liability Company	
The enclosed Articles	of Organization and fee(s) are	submitted for filing.	OS HAY 2'Z SECRETARY OF TALL AHASSEE
Please return all corres	pondence concerning this mat	er to the following:	ASSER ASSER
	Albert J.	Gamot, Jr., Esquire	-4.00 -4.00
		Name of Person	ORIE
	The	Gamot Law Firm	
		Firm/Company	
	2701 PG	A Boulevard, Suite C	
	· · · · · ·	Address	
		ch Gardens, FL 33410	
	Cit	y/State and Zip Code	
	Alber	t @gamotlaw.com	
For further information	E-mail address: (to be used to concerning this matter, please	or future annual report notification)	
	ebra Hall	at (561) 832-550	
Name	of Person	Area Code & Daytime Telephone Nu	mber
Enclosed is a check f	or the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certified Copy Certifi (additional copy is enclosed) Certifi	O Filing Fee, icate of Status & ied Copy onal 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 Circle Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FL	
ARTICLE I - Name:	CLAFET MAY'S
The name of the Limited Liability Company is:	ASS AR
	PM
Burt Rentals New H	fomes, LLC
(Must end with the words "Limited Liability	
ARTICLE II - Address:	7.
	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
297 W. Main Street	416 41st Street
Pahokee, Florida 33476	West Palm Beach, FL 33407
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	Office, & Registered Agent's Signature: ered Agent. You must designate an individual or another
The name and the Florida street address of the re	gistered agent are:
	•
Albert J. Gamot,	Jr., Esquire
2701 PGA Boulev	
Florida street address (P.O.)	Box NOT acceptable)
Palm Beach Gardens,	<u>FL</u>
City, State, an	d Zip
liability company at the place designated in th	ccept service of process for the above stated limited his certificate, I hereby accept the appointment as . I further agree to comply with the provisions of all

(CONTINUED)

Registered Agent's Signature (REQUIRED)

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..

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:

Title:	Name and Address:	7.0 0
"MGR" = Manager "MGRM" = Managing Member		では、
MGR/MGRM	Timothy Campbell 416 41st Street	Y 22 PM 2: 07 ETABLE FLORI
	West Palm Beach, FL 33407	2: 07
(Use attachment if necessary)		
RTICLE V: Effective date, if other than the f an effective date is listed, the date must be or 90 days after the date of filing.)		(OPTIONAL) business days prior
REQUIRED SIGNATURE:		
Signature of a member	er or authorized representative of a member	er.
(In accordance with se of this document cons that the facts stated he	ction 608.408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perjurein are true.)	ury
	nothy Campbell	_
Filing Fees:	ped or printed name of signee	

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

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