

LO9000055745

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

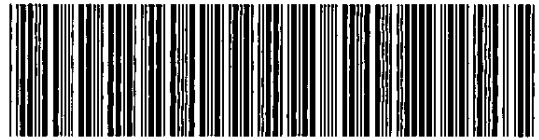
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/08/09--01040--012 **620.00

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2009 JUN -8 AM 11:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

M. THOMAS

JUN -9 2009

EXAMINER

Law Offices of
MICHAEL A. LAMPERT, P.A.
1655 Palm Beach Lakes Boulevard
The Forum - Suite 900
West Palm Beach, Florida 33401
Telephone (561) 689-9407
Telecopier (561) 683-1559

Michael A. Lampert
(Florida Board Certified Tax Attorney)
Also Admitted in Pa. and D.C.

Of Counsel:
Esther A. Zaretsky*
Richard P. Zaretsky**
**(Florida Board Certified Real Estate Attorney)
* Also Admitted in N.Y.

June 4, 2009

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

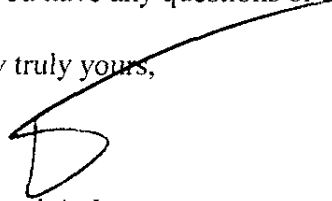
Re: Lawrence W1, LLC
Lawrence W2, LLC
Lawrence W3, LLC
Lawrence BH, LLC

Dear Sir/Madam:

Enclosed please find Articles of Organization for Florida Limited Liability Company for the four above listed LLCs. Also enclosed is my check in the amount of \$620.00 for the filing fee of each LLC.

As always, please feel free to contact me should you have any questions or concerns.

Very truly yours,


Michael A. Lampert

MAL:bjj
Enclosure

cc: Ms. Adele Prince

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2009 JUN -8 AM 11:25
SECRETARY OF STATE
TALLAHASSEE, FL 32314

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Lawrence W1, 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:

Michael A. Lampert, Esq.

Name of Person

Michael A. Lampert, P.A.

Firm/Company

1655 Palm Beach Lakes Blvd., Suite 900

Address

West Palm Beach, FL 33401

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael A. Lampert

Name of Person

at (561) 689-9407

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 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 Circle
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Lawrence W1, 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:

6642 Arno Way
Boynton Beach, FL 33437

Mailing Address:

6642 Arno Way
Boynton Beach, FL 33437

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.)

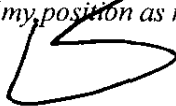
The name and the Florida street address of the registered agent are:

Michael A. Lampert, esq.
Name

1655 Palm Beach Lakes Blvd., Ste 900
Florida street address (P.O. Box **NOT** acceptable)

West Palm Beach FL 33401
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)

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SECRETARY OF STATE

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

Adele A. Prince

6642 Arno Way

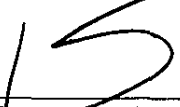
Boynton Beach, FL 33437

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL).

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:



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 that the facts stated herein are true.)

Michael A. Lampert

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)