

Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Pax Number : (850)617-6383

From:

Account Name : COMITER & SINGER, LLP

Account Number : I2000000085

Phone

: (561)626-4742

Fax Number

: (561)626-4742

FLORIDA/FOREIGN LIMITED LIABILITY CO.

PBVSH GPNER, LLC

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A. LUNT

JUN 2 2 2009

EXAMINER

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Corporate Filing Menu

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COVER LETTER

	Corporations	SH GPNER, LLC	
SUBJECT:		ed Liability Company	
The enclosed Articl	es of Organization and fee(s) are:	submitted for filing.	
Please return all cor	respondence concerning this matt	er to the following:	
	Alan I	I. Baseman, Esq.	
		Name of Person	7A S
	Comiter, Singe	er, Baseman & Braun, L	2009 JUN 19 SECRETARY TALLAHASS
		Firm/Company	HA F
	3801 PGA	Boulevard, Suite 604	N 19 AN HASSEE.
		Address	F
	Palm Read	ch Gardens, FL 33410	OR L
		y/State and Zip Code	
	asprague	e@comitersinger.com	
_	E-mail address: (to be used i	or future annual report notification	n)
For further informa	tion concerning this matter, please	call:	
A	nne Sprague	at (561)	626-2101
, N	ame of Person	Area Code & Daytime T	l'elephone Number
Enclosed is a chec	k for the following amount:		
	ee \$\ \tag{\$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 Tallahassec, FL 32314	Street/Courier Addresses Registration Section Division of Corporati Clifton Building 2661 Executive Center Tallahassee, FL 3230	ons er Circle

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	TOMOA EMITED LIABILITY COMPANY
The name of the Limited Liability Company	is:
PBVSH GPI	NER. LLC
(Must end with the words "Limited Li-	ability 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:
2401 PGA Boulevard, Suite 272 Palm Beach Gardens, FL 33410	2401 PGA Bouleyard, Suite 272 Palm Beach Gardens, Fl 33410
ARTICLE III - Registered Agent, Register (The Limited Liability Company carnot serve as its own Rebusiness entity with an active Florida registration.) The name and the Florida street address of the	red Office, & Registered Agent's Signature: gistered Agent. You must designate an individual or profiler the registered agent are: seman, Esq.
 	
Nar	ne >
	levard, Sulte 604
	O. Box NOT acceptable)
Palm Beach Gardens	S. FL 33410
registered agent and agree to act in this capac statutes relating to the proper and complete;	o accept service of process for the above stated limited in this certificate, I hereby accept the appointment as city. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and gistered agent as provided for in Chapter 608, F.S
(CONTT	NUEDI

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<u>Title:</u> "MGR" = Manager "MGRM" = Managing Mem	Name and Address:	
MGR	Robert Lee Shapiro	
	2401 PGA Boulevard, Suite 272	
••	Palm Beach Gardens Fl 33410	
	7AS 20	
MGR	Vincent Simonelli 631 U.S. Highway One, Suite 412 North Palm Beach, FI 33408	
	631 U.S. Highway One, Suite 412	
	North Palm Beach, FI 33408	-
MOD	SSR G	
MGR	Ministry Collett	П
	530 Ocean Drive Unit 501	
	Juno Beach, FL 33408	
MGR .	Kerry Vickar	
WOR	525 North Tryon Street, Suite 1700	
	Charlotte NC 28202	
(Use attachment if necessary		
ICLE V: Effective date, if other a seffective date is listed, the date 90 days after the date of filing.	r than the date of filing: (OPTIONAL) e must be specific and cannot be more than five business days pri .)	ior
REQUIRED SIGNATURE	: Can H Caseman	
Signature of	a member or an authorized representative of a member.	
of this docu that the facts	ce with section 608.408(3), Florida Starutes, the execution ment constitutes an affirmation under the penalties of perjury stated herein are true.)	
A.	Typed or printed name of signee	
Filing Fees:	Typed or printed name of signee	
\$125.00 Filing Fee for Article of Registered Agent \$ 30.00 Certified Copy (Opti	es of Organization and Designation	

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