L09000062722

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
A. LUNT



400157226854

06/26/03--01008--020 **125.00

FILED
2009 JUNI26 PM 1: 13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Office Use Only

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations	
· SUBJE	CT: Penn Florida Realty Advisors, LLC	
	Name of Limited Liability Co	mpany
The enc	losed Articles of Organization and fee(s) are submitted for fi	iling.
Please re	eturn all correspondence concerning this matter to the follow	ving:
, _	Mitchell B. Kirschner, Esq.	
	Name of Person	1 .
_	Mitchell B. Kirschner, P.A.	2009 JUN 26 SECRETARY TALLAHASSE
	Firm/Company	ARELI
	1515 North Federal Highway, Suite 314	26 SSE
-	Address	F
	Boca Raton, FL 33432	PH 1: 1 OF STATI E. FLORII
•-	City/State and Zip C	
	mitch@kirschnerpa.com	
-	E-mail address: (to be used for future annual	report notification)
For furth	her information concerning this matter, please call:	
Mite	chell B. Kirschner at (561) 347-0000
	Name of Person Area C	Code & Daytime Telephone Number
Enclose	ed is a check for the following amount:	
X \$125.0	Certificate of Status Certified	Copy S160.00 Filing Fee, Copy Certificate of Status & Certified Copy (additional copy is enclosed)
	Registration Section Regis Division of Corporations Divis P.O. Box 6327 Clifto Tallahassee, FL 32314 2661	stration Section sion of Corporations on Building Executive Center Circle thassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name The name of the Limi		pany is:		·		
Penn Florida Realt	y Advisors, LLC					
(Must e	end with the words "Lim	nited Liability Com	pany," "L.L.C.," or "L	LC.")	•	
ARTICLE II - Addr The mailing address a		of the principa	l office of the Lir	nited Liability (Company	is:
Principal Office Add	<u>lress:</u>	· <u>Mai</u>	ling Address:			
1515 North Federal Hig	hway	151	5 North Federal High	hway	_	
Suite 306			te 306			
Boca Raton, FL 33432		Boo	a Raton, FL 33432	ened.	-	
The Limited Liability Computer business entity with an active The name and the Flo		s of the registe		ASSEE. FLORIDA	N 26 PH 1: 13	ILED
	1515 North Federal I	Highway, Suite 3	14			
	Florida street add					
	Boca Raton	FL.	33432			
****	City	y, State, and Zip				
Having been named	as registered agent at the place design agree to act in this		tificate, I hereby o	accept the appoin	ntment a:	8

(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:

"N///1D" — N/10"	an cor	Name and Address:		
"MGR" = Mar "MGRM" = M	lanaging Member			
MGR	<u> </u>	Mark A. Gensheimer		
		1515 North Federal Highway, Suite 3	306	_
		Boca Raton, FL 33432		_
MGR		Jason Isaacson		
		1515 North Federal Highway, Suite	306 🕏	_
		Boca Raton, FL 33432		<u>.</u>
			≥ ≈	NOF 6002
			<u> </u>	¥26
			S	م.
			<u> </u>	2
			ES.	
			<u> </u>	
	<u>, </u>		ATE PRODE	_
(Use attachme	nt if necessary)	-	ATE NOA	
	•,	ate of filing:		
LE V: Effective date is	ve date, if other than the dalisted, the date must be s	ate of filing:specific and cannot be more than fi	(OPTI	- ON
LE V: Effective date is	ve date, if other than the da		(OPTI	- ON
LE V: Effective fective date is days after the	ve date, if other than the da listed, the date must be s date of filing.)		(OPTI	- ON
LE V: Effective frective date is days after the	ve date, if other than the date date, the date must be so date of filing.)		(OPTI	- ON
LE V: Effective date is days after the	ve date, if other than the da listed, the date must be s date of filing.)		(OPTI	- ON
LE V: Effective date is days after the	ve date, if other than the da listed, the date must be s date of filing.) SIGNATURE:		(OPTIC	- ON
LE V: Effective date is days after the	ve date, if other than the dalisted, the date must be sidate of filing.) SIGNATURE: Signature of a member of the date of the	or an authorized representative of a mention 608.408(3), Florida Statutes, the executives an affirmation under the penalties of po	(OPTIC ve business mber.	- ON
LE V: Effective fective date is days after the	ve date, if other than the dalisted, the date must be sidate of filing.) SIGNATURE: Signature of a member of this document constitution.	or an authorized representative of a mention 608.408(3), Florida Statutes, the executives an affirmation under the penalties of po	(OPTIC ve business mber.	

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)