L09000105817

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status ·
Special Instructions to Filing Officer:		
·		

Office Use Only



700162283177

11/02/09--01008--001 **160.00

SECRETARY OF STATE

JIVISION OF CORPORATION

T. HAMPTON

NOV - 3 2009

EXAMINER

COVER LETTER

Division of Corporations		
SUBJECT: The Palms Home Collection, 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:		
Nicole Angela Barona (Name of Person)		
(Name of Person)		
(r) (Q		
(Firm/Company)		
4740 Portofino Way, #303		
West Palm Beach, FL 33409 (City/State and Zip Code)		
For further information concerning this matter, please call:		
Nicole Barona at (561) 598.3317 (Name of Person) (Area Code & Daytime Telephone Number)		
Enclosed is a check for the following amount:		
\$125.00 Filing Fee \$\bigcup \text{\$130.00 Filing Fee & Certificate of Status}\$\$ Certified Copy (additional copy is enclosed) \$\bigcup \text{\$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		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is	3:
The Palms Ho (Must end with the words "Limited Liab	ome Collection, LLC - ility Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the particle o	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
4740 Portofino Way, Apt. # 303 West Palm Bch, FL 33409	P.O. Box 7201 West Palm Beach, FL 33405
ARTICLE III - Registered Agent, Registere	ed Office, & Registered Agent's Signature:

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:

Rhonda Barona

Name

132 Van Grooph Way

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

Royal Palm Beh., FL 33411

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
JIVISION OF CORPORATIONS

09 NOV - 2 AN ID: 18

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Nicole Angela Barona 4740 Portofino Way: #303 West Palm Brach, FL 33411
MGRM	Nosé Alejandro Cabus 4740 Portofino Way,#303 West Palm Beach, FL 33411
•	
	

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:

(Use attachment if necessary)

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.)

Nicole Barona
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)

SECRETARY OF STATE
DIVISION OF CORPORATIONS

OG NOV -2 AM 551 TR