## L10000008004

(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:

Office Use Only



600163970066

01/21/10--01004--023 \*\*160.00



C. LEWIS

JAN 2-2 2010

EXAMINER

## COVER LETTER

To: \*\* Registration Section
Division of Corporations

SUBJECT:	SPRING	<u>G BRI</u>	EAK TAN L.L	.C.
	Name of Limit	ted Liabi	ility Company	-
The enclosed Articles of	of Organization and fee(s) are	submitt	ed for filing.	
Please return all corres	pondence concerning this mat	ter to th	e following:	
····			Silman	175
		Name o	of Person	
	Spring	g Brea	k Tan L.L.C.	
	,	Firm/C	ompany	
	2065	Caran	nbola Road	
		Ado	iress	
	West Paln	n Bead	ch, Florida 3340	6
<del></del>			nd Zip Code	
	E-mail address: (to be used	for future	annual report notifica	tion)
For further information	concerning this matter, pleas	e call:		
Walte	er H. Djokic	_at (	561	315-5563
Name	Name of Person		Area Code & Daytime Telephone Number	
Enclosed is a check f	or the following amount:			
	or the following amount:  \$\Bigsim\\$130.00 \text{ Filing Fee & Certificate of Status}	Ce	55.00 Filing Fee & rtified Copy ditional copy is enclose	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed

Francisco De Land De Miller

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Lin	e: nited Liability Compan	y is:			
	SPRING BRE				
(Mus	t end with the words "Limited I	Liability Company," "L.L.C.," or "LLC.")			
ARTICLE II - Add	lress:				
The mailing address	and street address of the	e principal office of the Limited Liability Co	mpany is:		
Principal Office Ac	ldress:	Mailing Address:			
2065 Carambola Road		2065 Carambola Road			
West Palm Beach	Florida 33406	West Palm Beach, Florida 33406			
The name and the F	lorida street address of	the registered agent are:	FILE 2010 JAN 21		
Name  2065 Carambola Ro Florida street address (P.O. Box NC  West Palm Beach FL		ame	12 E		
			V P IT		
		(P.O. Box NOT acceptable)	FS =		
		n <sub>FL</sub>	三二		
	City, Sta	ate, and Zip	2m		
liability compan registered agent and statutes relating to	y at the place designated d agree to act in this cap o the proper and complet	I to accept service of process for the above state I in this certificate, I hereby accept the appointm acity. I further agree to comply with the provis te performance of my duties, and I am familiar v registered agent as provided for in Chapter 608	nent as ions of all with and		

(CONTINUED)

Registered Agent's Signature (REQUIRED)

## Page 1 of 2

ARTICLE IV- N The name and ad	Page i Manager(s) or Managing dress of each Manager or		FILED 2010 JAN 24 AMII: 11
<u>Title:</u> "MGR" = Manag "MGRM" = Man	er	Name and Address:	SECRETARY OF STATE TALLAHASSEE, FLORIDA
MGRM		Ned Gilman 2065 Carambola Road West Palm Beach, Florida 3340	6
	·		
<del></del>			
(Use attachment	if necessary)		
ARTICLE V: Effective	date, if other than the date	of filing:eific and cannot be more than five	
REQUIRED SI	GNATURE:	· ····	
	Signature of a member or a	an authorized representative of a memb	<del></del> er.
	(In accordance with section of this document constitutes that the facts stated herein as	608.408(3), Florida Statutes, the execution an affirmation under the penalties of perju	
Filing Fees		butter using of sigued	
of Reg \$ 30.00 Certific	Fee for Articles of Organizati istered Agent ed Copy (Optional) eate of Status (Optional)	ion and Designation	