

L10VVUU33383

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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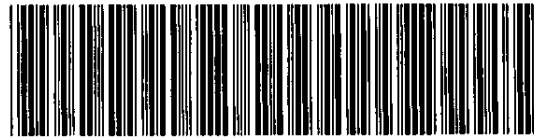
(Business Entity Name)

(Document Number)

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2010 MAR 26 PM 1:59  
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10 MAR 26 PM 3:16

B. KOHR

MAR 26 2010

EXAMINER



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 330235 4308005

AUTHORIZATION :

*[Signature]*

COST LIMIT : \$ 125.00

ORDER DATE : March 26, 2010

ORDER TIME : 11:49 AM

ORDER NO. : 330235-005

CUSTOMER NO: 4308005

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 MAR 26 PM 3:16

EFFECTIVE DATE

4/12/2010

DOMESTIC FILING

NAME: DEVCOAM LLC

EFFECTIVE DATE:

\_\_\_\_\_ ARTICLES OF INCORPORATION  
\_\_\_\_\_ CERTIFICATE OF LIMITED PARTNERSHIP  
XXX \_\_\_\_\_ ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_\_ CERTIFIED COPY  
XXX \_\_\_\_\_ PLAIN STAMPED COPY  
\_\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Matthew Young - EXT. 2962

EXAMINER'S INITIALS: \_\_\_\_\_

EFFECTIVE DATE 4/1/2010

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10 MAR 25 PM 3:16  
004/005

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Devcoam LLC

(Must end with the words "Limited Liability Company," "LLC," or "LLC.")

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**

1675 Palm Beach Lakes Boulevard  
Suite 900  
West Palm Beach, Florida 33401

**Mailing Address:**

1675 Palm Beach Lakes Boulevard  
Suite 900  
West Palm Beach, Florida 33401

**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:

Spector Gadon & Rosen, LLP

Name

360 Central Avenue, Suite 1550

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

St. Petersburg FL 33701

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.*

Spector Gadon & Rosen, LLP

BY: *Nikki Stue*

Registered Agent's Signature (REQUIRED)

(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:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

Debra Howe

1675 Palm Beach Lakes Blvd, Suite 900

West Palm Beach, FL 33401

MGR

Jacqueline Price

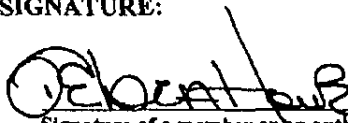
1675 Palm Beach Lakes Blvd, Suite 900

West Palm Beach, FL 33401

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 4/01/2010. (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.)

DEBRA HOWE

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)