

**L10000061911**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H10000135584 3)))



H100001355843ABC.

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : CSH SERVICES, LLC  
Account Number : I20070000160  
Phone : (800) 494-3124  
Fax Number : (561) 455-9885

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10 JUN -9 AM 11:26

FILED

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**FLORIDA LIMITED LIABILITY CO.  
NORTHERN RETREAT LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

RECEIVED

10 JUN -9 PM 4:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**G. MCLEOD**

Electronic Filing Menu

Corporate Filing Menu

JUN 10 2010 Help

**EXAMINER**

H1000001355843

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

In compliance with Chapter 608 and/or 621, F.S.

**ARTICLE I NAME**

The name of the Limited Liability Company is:

NORTHERN RETREAT LLC

**ARTICLE II ADDRESS**

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

1537 VICTORIA ISLE WAY  
WESTON, FLORIDA 33327**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE &  
REGISTERED AGENT SIGNATURE**

The name and the Florida street address of the registered agent are:

SILVIA BROGNO  
1537 VICTORIA ISLE WAY  
WESTON, FLORIDA 33327

Having been named as registered agent 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.

X

SILVIA BROGNO / Registered Agent's signature

FILED  
10 JAN -9 AM 11:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

H100001355843

PAGE 2

NORTHERN RETREAT LLC

**ARTICLE IV MANAGEMENT**

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

**ARTICLE V MEMBERS (optional)**

MANAGING MEMBER

MONICA GLADYS DOBIE

1537 VICTORIA ISLE WAY

WESTON, FLORIDA 33327


MANAGING MEMBER

LORNA STELLA MARIS DOBIE

1537 VICTORIA ISLE WAY

WESTON, FLORIDA 33327

X



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.

MONICA GLADYS DOBIE