

L10000064889

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

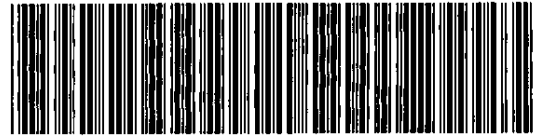
Special Instructions to Filing Officer:

L. SELLERS

JUN 17 2010

EXAMINER

Office Use Only



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06/15/10--01029--003 **125.00

SECRETARY OF STATE
PALM HARBOR, FLORIDA

10 JUN 15 PM 3:56

FILED

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Safe Harbor Realty Luxury Home Division, 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 Ottaviani

Name of Person

Posess & Walser, PA

Firm/Company

4455 Military Trail Suite 102

Address

Jupiter, FL 33415

City/State and Zip Code

nicole@patchreeftitle.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Charles F. Posess

Name of Person

at (561) 302-7019

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Safe Harbor Realty Luxury Home Division, LLC

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

ARTICLE II - Address:

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

Principal Office Address:

2901 PGA Boulevard

Suite 100

Palm Beach Gardens, FL 33410

Mailing Address:

2901 PGA Boulevard

Suite 100

Palm Beach Gardens, FL 33410

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:

Charles F. Posess

Name

2901 PGA Boulevard Ste. 100

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

Palm Beach Gardens FL 33410

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)

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SECRETARY OF STATE
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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:

MGRM

Charles F. Posess

2901 PGA Boulevard Ste. 100

Palm Beach Gardens, FL 33410

MGRM

Tracey A. Posess

2901 PGA Boulevard Ste. 100

Palm Beach Gardens, FL 33410

MGRM

Michael J. Brue

2901 PGA Boulevard Ste. 100

Palm Beach Gardens, FL 33410

(Use attachment if necessary)

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:



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.)

Charles F. Posess

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)