

L10000069438

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ MAIL

(Business Entity Name)

(Document Number)

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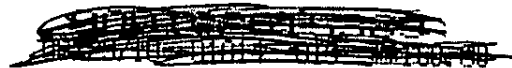
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T. CLINE

JUN 30 2010

EXAMINER

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

GELFAND & ARPE, P.A.

ATTORNEYS AT LAW  
REGIONS FINANCIAL TOWER  
1555 PALM BEACH LAKES BLVD  
SUITE 1220  
WEST PALM BEACH, FL 33401

(561) 655-6224  
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www.gelfandarpe.com

MICHAEL J. GELFAND  
MARY C. ARPE

THOMAS L. CARLTON  
TANIQUE G. LEE  
TONYA MCCORMICK

\* BOARD CERTIFIED REAL ESTATE LAWYER

BY APPOINTMENT

COMPTON FINANCIAL CENTER  
980 NORTH FEDERAL HIGHWAY  
SUITE 401  
BOCA RATON, FL

REPLY TO WEST PALM BEACH

June 28, 2010

Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

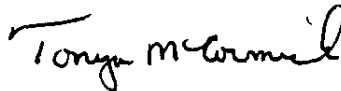
Re: Sanctuary Centre Condominium Association, Inc.

To whom it may concern:

Enclosed is the Articles of Organization for Florida Limited Liability Company, and Gelfand & Arpe P.A.'s check number 1023 in the amount of \$160.00 payable to the Florida Department of State. Please, file the Articles of Organization and send us a certificate of status and a certified copy at your earliest convenience.

Please, do not hesitate to contact me at (561) 655-6224 if I can be of any further assistance. I am usually available Mondays, Tuesdays and Thursdays.

Very truly yours,



Tonya McCormick  
For the firm

cc: Sanctuary Centre Condominium Association, Inc.

Tm  
Enclosure

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TALLAHASSEE, FLORIDA

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Sanctuary Centre Holdings, 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:

Tonya McCormick

Name of Person

Gelfand & Arpe, P.A.

Firm/Company

1555 Palm Beach Lakes Blvd., Suite 1220

Address

West Palm Beach, FL 33401

City/State and Zip Code

mjgelfand@gelfandarpe.com

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

For further information concerning this matter, please call:

Tonya McCormick

Name of Person

at ( 561 )

655-6224

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input checked="" type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

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TALLAHASSEE, FLORIDA

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

Sanctuary Centre Holdings, 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:

4800 N. Federal Highway

Suite 300D

Boca Raton, FL 33431

#### Mailing Address:

4800 N. Federal Highway

Suite 300D

Boca Raton, FL 33431

### 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:

Ilisa L. Carlton, c/o Gelfand & Arpe, P.A.

Name

1555 Palm Beach Lakes Blvd. Suite 1220


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

West Palm Beach

FL 33401

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

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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:**

MGR

Sanctuary Centre Condo Association, Inc.

4800 N. Federal Highway

Boca Raton, FL 33431

(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.)

Ilisa L. Carlton

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)

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