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COVER LETTER

TO: Registration Division of C		٠		
SUBJECT:	The Pointe Driv	e, LLC		
		ted Liability Con	pany	
The enclosed Articles	of Organization and fee(s) are	submitted for fill	ng.	
Please return all corres	pondence concerning this mat	tter to the followi	ng:	
	Me	rrill A. Bookste	in	
		Name of Person		
	Merrill A. Boo	kstein, Couns	elor at Law	P.A
		Firm/Company		
	1900	Glades Road,	#102	
		Address		
		a Raton, FL 33 ty/State and Zip Co		
	mbool	kstein@bellsou	ıth.net	
	E-mail address: (to be used		port notificatio	n)
For further information	concerning this matter, pleas	e call:		
Merrill A. Bookstein		_at (_561	_) <u>361-94</u> 5	
Name	of Person	Area Co	de & Daytime 1	Telephone Number
Enclosed is a check f	or the following amount:			
□\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	■\$155.00 File Certified C (additional co		\$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	Registra Divisio Clifton 2661 Ex	Courier Addr tion Section n of Corporat Building Recutive Cent ssee, FL 3230	ions er Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Compan	y is:
The Pointe	Drive, LLC
	Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the	he principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2481 San Pietro Circle	same
Palm Beach Gardens, FL 33410	
1900 Gla	A. Bookstein Name ades Rd., #102
	et address (P.O. Box <u>NOT</u> acceptable)
	Raton, FL 33431 ty, State, and Zip
liability company at the place designated registered agent and agree to act in this cap statutes relating to the proper and comple accept the obligations of my position as Registered Agent's S	ad to accept service of process for the above stated limited ad in this certificate, I hereby accept the appointment as pacity. I further agree to comply with the provisions of all attemption of my duties, and I am familiar with and registered agent as provided for in Chapter 608, F.S Signature (REQUIRED) DESTINUED) age 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: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGRM Sandra Newstead 2481 San Pietro Circle Palm Beach Gardens, FL 33410 (Use attachment if necessary) ____. (OPTIONAL) **ARTICLE V:** Effective date, if other than the date of filing: (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 608.403(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true Merrill A. Bookstein 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)