

9/2/2010

**L10000093027**

Division of Corporations

## 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.**

(((H10000196805 3)))



H100001968053A18C/

**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 : HUBCO  
Account Number : 104662003400  
Phone : (516) 935-3940  
Fax Number : (516) 935-3088

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10 SEP -3 AM 8:31

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: angela.rosefeld@hellimovaco.com

## FLORIDA LIMITED LIABILITY CO.

1001 South M Street LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

RECEIVED

10 SEP -3 AM 6:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

H10000196805

ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is: **1001 South M Street LLC**

ARTICLE II - Address

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

Principal Office Address:

Mailing Address:

840 US Highway 1, Suite 315

840 US Highway 1, Suite 315

Palm Beach Gardens, FL 33408

Palm Beach Gardens, FL 33408

ARTICLE III - Registered Agent, Registered Office & Registered Agent's Signature

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

**Ralph A. Principe**

Name

840 US Highway 1, Suite 315

(P.O. Box or Mail Drop Box NOT Acceptable)

Palm Beach Gardens, FL 33408

(City / State / Zip)

FILED  
10 SEP -3 AM 8:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*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.*

Ralph A Principe

Registered Agent's Signature - Ralph A. Principe

**ARTICLE IV - Manager(s) or Managing Member(s):**

H10000196805

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" - Manager

"MGRM" - Managing Member

**Name and Address:**

MGRM

Ralph A. Principe - 3100 Eden Court, West Palm Beach, FL 33411

MGRM

Churchill Holdings Family Limited Partnership LLC  
219 Churchill Road, West Palm Beach, FL 33405

(Use attachment if necessary)

**REQUIRED SIGNATURE:**



Signature of a member or 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. )

Ralph A. Principe

Typed or printed name of signer

FILED  
10 SEP -3 AM 8:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA