

L10000118132

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

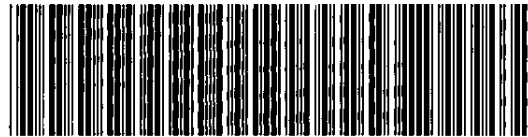
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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~~11/03/10--01014--015 **155.00~~

EFFECTIVE DATE
11/12/2010

11/03/10--01014--015 **160.00

FILED
10 NOV 12 AM 8:56
FBI - ALBANY

K. SALY
EXAMINER
NOV 15 2010



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 4, 2010

STEPHEN J. LAVINE
1761 LATHAM ROAD
WEST PALM BEACH, FL 33409

SUBJECT: PALM BEACH FUNDING, LLC
Ref. Number: W10000051742

We have received your document for PALM BEACH FUNDING, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on . Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6870.

Karen A Saly
Regulatory Specialist II

Letter Number: 310A00026003

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Palm Beach Funding, 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:

Stephen J Lavine

Name of Person

Palm Beach Funding, LLC

Firm/Company

1761 Latham Road

Address

West Palm Beach, FL 33409

City/State and Zip Code

bobb@pblm.com

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

For further information concerning this matter, please call:

Robert Brown

Name of Person

at (561) 688 7907 ext 104

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☒ \$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

ARTICLE I - Name:

EFFECTIVE DATE
11/12/2010

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

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

Mailing Address:

same

(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.)

Name _____

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

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)

Page 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:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Stephen J. Lavine

1761 Latham Road

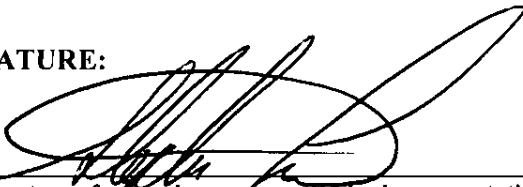
West Palm Beach, FL 33409

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 10/21/10 11/12/10 (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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Stephen J. Lavine

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)