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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

: C T CORPORATION SYSTEM Account Name

Account Number : FCA000000023

Phone

Fax Number

: (850)222-1092 : (850)878-5368

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

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Mail	Address:	•

FLORIDA LIMITED LIABILITY CO. Divinity Partners I, LLC

Certificate of Status	. 1
Certified Copy	1
Page Count	04
Estimated Charge	\$160.00

COVER LETTER

TO: Registration Sect Division of Corpo					
SUBJECT: Divinity	Partners I. LL0	2			
5555 <u>6</u> 61.		ted Liability Company	***************************************		
The enclosed Articles of O	rganization and fee(s) are	submitted for filing.			
Please return all correspond	dence concuming this ma	tter to the following:			
Patrick J. E	Boroian				
	, , , , , , , , , , , , , , , , , , ,	Name of Person	ر المراقع المر المراقع المراقع المراق	هـــ د	
c/o Divinity	Partners I, LL	C	LLA	10 NOV 16	- 100 Miles
1.5 m		Firm/Company	\$	<u> </u>	(17 40 0)
1020 Grand	d Court		€27 - 3 Fra - 3	5	
William and the state of the st		Address		P	
Highland Bea	ich, Florida 334	87			
	C	ty/State and Zip Code		t.	
pat@boromail					
•	E-mail address: (to be used	for future annual report natification)			
For further information con	ceming this maner, pleas	e call:			
Patrick J. Boroian		_{at (} 561 , 789-0892			
Name of P	erson	Area Code & Daytime Tel	uphone Number		
Enclosed is a check for the	ne following amount:				
\$125.00 Filing Fee \$\sqrt{\$}\$	130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
ĵ L	Mailing Address Registration Section Division of Corporations 2.0. Box 6327 Fallahassee, F1, 32314	Street/Courier Address Registration Section Division of Corporation Cliffon Building 2661 Executive Center C Tallahassec, FL 32301	\$		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Divinity Partners I, LLC	
(Must end with the words "Limited Liubili	ty Company, "("L.C.," or "Lt,C.")
ARTICLE II - Address: The mailing address and street address of the pro-	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1020 Grand Court Highland Beach, FL 33487	1020 Grand Court Highland Beach, FL 33487
ARTICLE III - Registered Agent, Registered (The Limited Limbility Company cannot serve as its own Regist business untity with an active Florida registration.)	
The name and the Florida street address of the re-	egistered agent are:
Patrick J. Borolan	
Name	
1020 Grand Cour	
Florida street add	ress (P.O. Box NOT acceptable)
Highland Beach	_{FL} 33487
City, Stu	ta, and Zip
Having been morned on periormed course and to a	MANNET FAMILIES OF THE CARD FOR the above stoled limited

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

EFFECTIVE DATE 1115/10

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
Managing Member	Pairick J. Borolan
	1020 Grand Court
	Highland Beach, FL 33487
,	-
(Use attachment if necessary)	
effective date is listed, the date must l	be specific and cannot be more than five business days prior
90 days after the date of filing.)	
90 days after the date of (iling.) REQUIRED SIGNATURE:	
90 days after the date of filing.) REQUIRED SIGNATURE:	J. Bori
REQUIRED SIGNATURE:	Barrier of an authorized representative of a member.
REQUIRED SIGNATURE: Significant of a member of a memb	About and a second seco

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)

Typed or printed name of signee