

Division of Corporations

Page 1 of 2

**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.**

(((H11000027199 3)))



H110000271993ABC

**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

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

**Email Address:** Ralph.principe@yahoo.com

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2011 FEB - 1 AM 9:30

FILED

RECEIVED

11 FEB - 1 PM 4:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FLORIDA LIMITED LIABILITY CO.  
233 Wenonah Place LLC**

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

**A. LUNT**

FEB - 2 2010

**EXAMINER**

H11000027199

ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is: **233 Wenonah Place 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

North Palm Beach, FL 33408

North Palm Beach, 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

3100 Eden Court

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

West Palm Beach, FL 33411

(City / State / 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 - Ralph A. Principe

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2011 FEB - 1 AM 9:30

FILED

H11000027199

**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

Ralph A. Principe 840 US Highway 1, Suite 315  
North Palm Beach, FL 33408

(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 signee

2011 FEB - 1 AM 9:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED