

L110000056435

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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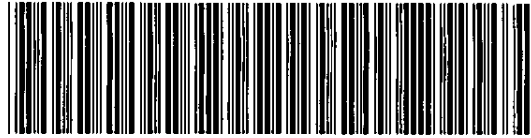
(Business Entity Name)

(Document Number)

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RECEIVED  
11 MAY 12 AM 11:25  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
11 MAY 12 PM 2:30  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

B. KOHR

MAY 12 2011

EXAMINER

CORPDIRECT AGENTS, INC. (formerly CCRS)  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301  
222-1173

FILING COVER SHEET  
ACCT. #FCA-14

FILED STATE  
SECRETARY OF CORPORATIONS  
11 MAY 12 PM 2:30

CONTACT: Kim Weidenbach

DATE: 05/12/11

REF. #: 000150.147925

CORP. NAME: POLU, LLC

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION   | <input type="checkbox"/> ARTICLES OF AMENDMENT  | <input type="checkbox"/> ARTICLES OF DISSOLUTION      |
| <input type="checkbox"/> ANNUAL REPORT               | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME              |
| <input type="checkbox"/> FOREIGN QUALIFICATION       | <input type="checkbox"/> LIMITED PARTNERSHIP    | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT               | <input type="checkbox"/> MERGER                 | <input type="checkbox"/> WITHDRAWAL                   |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION |   |   |
| <input type="checkbox"/> OTHER:                      |   |   |

STATE FEES PREPAID WITH CHECK# 539 172 FOR \$ 155.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

\_\_\_\_\_ COST LIMIT: \$ \_\_\_\_\_

PLEASE RETURN:

- |  |   |   |
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| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS     |   |   |

Examiner's Initials

FILED STATE  
SECRETARY OF CORPORATIONS  
11 MAY 12 PM 2:00

ARTICLES OF ORGANIZATION  
OF  
POLU, LLC

ARTICLE I - Name

The name of the limited liability company is POLU, LLC (the "Company").

ARTICLE II - Address

The mailing address and street address of the principal office of the Company is 18305 Biscayne Blvd., Suite 400, Aventura, Florida 33160.

ARTICLE III- Management


The Company shall be managed by its managers, as set forth in the Company's Operating Agreement, and is therefore a manager-managed company. The Company's initial manager shall be Jonathan R. Politano.

ARTICLE IV - Registered Agent and Office

The street address of the Company's initial registered agent and office is 18305 Biscayne Blvd., Suite 400, Aventura, Florida 33160, and the name of its initial registered agent at such office is Jonathan R. Politano.

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.

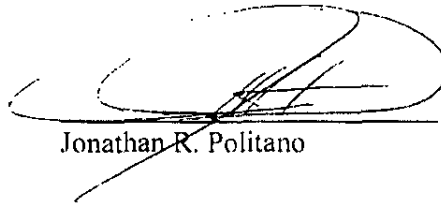
Dated this 11<sup>th</sup> day of May, 2011.

  
Jonathan R. Politano  
Authorized Representative

**ACCEPTANCE OF APPOINTMENT OF REGISTERED AGENT**

The undersigned, having been named as Registered Agent and to accept service of process for Polu, LLC, at the place designated in these Articles of Organization, hereby accepts the appointment as registered agent and agrees to act in such capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of its duties, and is familiar with and accepts the obligations of its position as registered agent as provided for in Florida Statutes Chapter 608.

Dated this 11<sup>th</sup> day of May 2011.



Jonathan R. Politano