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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

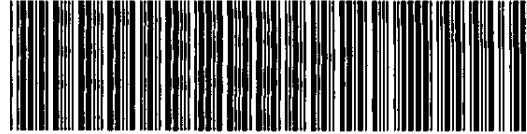
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11 MAY 17 PM 1:36
CLERK OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
MAY 18 2011

PEARL PROFESSIONAL CORPORATION

735 POST ROAD EAST
WESTPORT, CONNECTICUT 06880
TELEPHONE: (203) 222-9000
FACSIMILE: (203) 222-9100

STEWART W. PEARL

PATRICIA J. TURNER
LEGAL ASSISTANT

ANN E. FLOCKEN
ASSOCIATE ATTORNEY

VIRGINIA OFFICE:

DONNA M. HAYNES
LEGAL ASSISTANT

TELEPHONE: (804) 730-8252
FACSIMILE: (804) 730-8253

May 13, 2011

FEDERAL EXPRESS

Florida Secretary of State
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

Re: FD1926 Leasing, LLC

Dear Sir or Madam:

I have enclosed a check for \$155.00 to cover the filing fee and the cost of obtaining a certified copy of the filed Articles of Organization for FD1926 Leasing, LLC. I would appreciate your returning the certified copy to me in the enclosed pre-addressed Federal Express envelope.

Sincerely yours,


Patricia J. Turner

PJT/dp
Enclosures

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FD1926 Leasing, 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:

Patricia J. Turner

Name of Person

Pearl Professional Corporation

Firm/Company

735 Post Road East

Address

Westport, Connecticut 06880

City/State and Zip Code

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

For further information concerning this matter, please call:

Patricia J. Turner

Name of Person

at 203

222-9000

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

FD1926 Leasing, LLC

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

ARTICLE II - Address:

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

Principal Office Address:

180 Lake Drive, Unit 2301
Palm Beach Shores, Florida 33404

Mailing Address:

180 Lake Drive, Unit 2301
Palm Beach Shores, Florida 33404

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

(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.)

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

C T Corporation System

Name

1200 South Pine Island Road

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

Plantation FL 33324

City, State, and Zip

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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.



Registered Agent's Signature (REQUIRED)

Rhiannon Lawler
Vice President
and Assistant Secretary

(CONTINUED)

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

Frank DiMino

180 Lake Drive, Unit 2301

Palm Beach Shores, Florida 33404

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (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:

William Masucci, agent

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.)

Bill Masucci, Authorized Representative

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)