L11000092726

(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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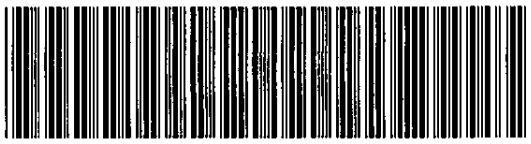
B. KOHR

AUG 12 2011

EXAMINER



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EFFECTIVE DATE 8/8/2011

FILED
11 AUG 10 AM 10:22
SECRETARY OF STATE
DIVISION OF CORPORATIONS

COVER LETTER

EFFECTIVE DATE 8/8/2011

TO: **Registration Section**
Division of Corporations

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 AUG 10 AM 10:22

SUBJECT: Palm Beach County Hour Exchange
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:

Jacqueline McGee
Name of Person

Palm Beach County Hour Exchange
Firm/Company

3011 Linton Boulevard, 115D
Address

Delray Beach, FL 33445
City/State and Zip Code

palmbeachcountyhourexchange@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jacqueline McGee at (561) 350-3071
Name of Person — 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

EFFECTIVE DATE 8/8/2011

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DIVISION OF CORPORATIONS
11 AUG 10 AM 10:22

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

Palm Beach County Hour Exchange, 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:	**Mailing Address:**
3011 Linton Boulevard	3011 Linton Boulevard
115D	115D
Delray Beach, FL 33445	Delray Beach, FL 33445

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:

Jacqueline McGee
Name

3011 Linton Boulevard, 115D
Florida street address (P.O. Box **NOT** acceptable)

Delray Beach FL 33445
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..

Jacqueline McGee
Registered Agent's Signature (REQUIRED)

(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	Jacqueline McGee 3011 Linton Boulevard, 115D Delray Beach, FL 33445
MGRM	Martin A. Kendall 3011 Linton Boulevard, 115D Delray Beach, FL 33445
MGRM	Sherwin R. Kendall 3011 Linton Boulevard, 115D Delray Beach, FL 33445

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: August 08, 2011. (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:

Jacqueline McGee

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.)

Jacqueline McGee

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)