# 1100009

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
. (Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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Effective Date 8-10-11

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J. SAULSBERRY EXAMINER

AUG 15 2011

J. SAULSBERRY **EXAMINER** 

AUG 15 2011

## **COVER LETTER**

TO: Registration of	on Section Corporations		
SUBJECT: 33 F	Power Street, LLC		
	Name of Limi	ited Liability Company	
The enclosed Article	es of Organization and fee(s) are	e submitted for filing.	
Please return all corr	espondence concerning this ma	tter to the following:	
Gail C.	Meyers		
		Name of Person	
Meyers	& Associate, CPA	A, PA	
		Firm/Company	
4540 P	GA Boulevard, Suit	te 216	
		Address	
Palm Bea	ach Gardens, FL 33	418	
_		ity/State and Zip Code	<b>291</b> SE
meyers@	meyerscpa.com	for future annual report notification)	<u> </u>
For further informati	on concerning this matter, pleas		2011 AUG 12 AM 10 SECRETARY OF ST
Gail C. Meyers		at (561 ) 249-1712	AM ID: 34 OF STATE OF LORID.
Na	me of Person	Area Code & Daytime Telephone Number	RIDA RIDA
Enclosed is a check	c for the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified (	of Status &
	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

AR	<b>FICL</b>	E I	- Na	me:

The name of the Limited Liability Company is:

# 33 Power Street, 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:
700 South Olive Avenue West Palm Beach FL, 33414	C/O Meyers & Associate, CPA, PA 4540 PGA Boulevard, Suite 216
	Palm Beach Gardens, FL 33418
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)  The name and the Florida street address of the re  Gail C. Meyers  Name	egistered agent are:
4540 PGA Bouley	/ard, Suite 216   ress (P.O. Box NOT acceptable)   FOR STATE
Florida street add	lress (P.O. Box NOT acceptable)
Palm Beach Gardens	<sub>FL</sub> 33418
City, Sta	ate, 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..

(CONTINUED)

### ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

MGRM	Peter Halmos & Sons, Inc.
<del></del>	700 South Olive Avenue
	West Palm Beach, FL 33418
	TAL
	<u> </u>
	SEI RY
	——————————————————————————————————————
	410
(Use attachment if neco	sary)
LE W. Essadina data is	4 - 4 - 4 - 4 - 660 - 8/10/11 (ONTIO
	ther than the date of filing: 8/10/11 . (OPTIO date must be specific and cannot be more than five business of
days after the date of	
-	

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.)

Gail C. Meyers

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)