

L11000098170

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

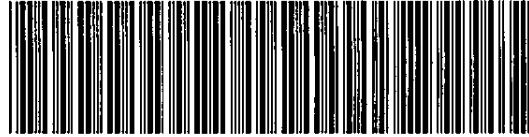
Special Instructions to Filing Officer:

Ended w/ just LTD
L. SELLERS

AUG 26 2011

EXAMINER
~~W. H. HARRIS~~

Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 AUG 14 PM 1:19

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BALEARICS PROPERTIES Ltd..
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:

STEVEN SHUSTER

Name of Person

BALEARICS PROPERTIES LTD.

Firm/Company

19450 BLACK OLIVE LANE

Address

BOCA RATON, FLORIDA 33498

City/State and Zip Code

STEVENSHUSTER@MSN.COM

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

For further information concerning this matter, please call:

STEVEN SHUSTER

Name of Person

at (561) 483-9437

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee
ALREADY SENT

☐ \$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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 29, 2011

STEVEN SHUSTER
19450 BLACK OLIVE LANE
BOCA RATON, FL 33498

SUBJECT: GULF COAST PROPERTIES OF FLORIDA LLC
Ref. Number: W11000039912

We have received your document for GULF COAST PROPERTIES OF FLORIDA LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Leslie Sellers
Regulatory Specialist II

Letter Number: 511A00017961



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 11, 2011

STEVEN SHUSTER
19450 BLACK OLIVE LANE
BOCA RATON, FL 33498

SUBJECT: GULF COAST PROPERTIES OF FLORIDA LLC
Ref. Number: W11000039912

We have received your document for GULF COAST PROPERTIES OF FLORIDA LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company must end with the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The word "Limited" may be abbreviated as "Ltd." and the word "Company" may be abbreviated as "Co." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Leslie Sellers
Regulatory Specialist II

Letter Number: 111A00018897

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

BALEARIC PROPERTIES 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:

19450 Black Olive Lane
Boca Raton, FL. 33498

Mailing Address:

19450 Black Olive Lane
Boca Raton, FL. 33498

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:

STEVEN SHUSTER

Name

19450 BLACK OLIVE LANE

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

BOCA RATON FL 33498

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..


Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
AUG 14 PM 1:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

STEVEN SHUSTER
19450 BLACK OLIVE LANE
Boca Raton, FL. 33498

MGRM

MARIA O. VINCES
2342 NORTON ST.
PORT ST. LUCIE, FL 34953

MGRM

JULIE DALY
182 NW. MAGNOLIA LAKES
PORT ST. LUCIE, FL 34986

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: AUGUST 14, 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:



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.)

STEVEN SHUSTER

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)

CERTIFICATION OF MEMBERS

The undersigned hereby agree, acknowledge and certify to adopt this Operating Agreement.

Signed this 24 day of July, 2011.

Steven Shuster Signature Steven Shuster Printed Name
Chief Executive Member 33 1/2 Percent
19450 Black Olive Ln Address
Boca Raton, FL 33498
Duties: managing acquisitions

Member _____ Percent Signature _____ Printed Name
Address _____
Duties: _____

Mario O. Viner Signature MARIO O. VINER Printed Name
Member 33 1/2 Percent
2342 SW NORTON ST Address
PORT ST. LUCIE, FLA. 34953
Duties: acquisitions

Julie Daly Signature Julie Daly Printed Name
Member 33 1/2 Percent
182 NW Magnolia Lakes Address
Port St Lucie FL 34986
Duties: Acquisitions

Member _____ Percent Signature _____ Printed Name
Address _____
Duties: _____

Member _____ Percent Signature _____ Printed Name
Address _____
Duties: _____