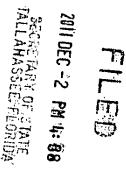
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(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	·
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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EXAMINER

Office Use Only

COVER LETTER

Division of C				
SUBJECT: REG	ENT PALM BEACH	L·LC		
Sobject.	Name of Limited I			
The enclosed Articles	of Organization and fee(s) are sub	mitted for filing.		
Please return all corre	spondence concerning this matter t	to the following:		
REGEN	T JOSEPH DUCLO			
	Na	ume of Person		
	Fi	rm/Company		
1730 SC	OUTH CONGRESS A	VENUE	Ţ.,	` 2
		Address		
WEST PA	LM BEACH, FLORID		HAS	E .
RECHAN	Γ@COMCAST.NET	tate and Zip Code		
E Constitution de		future annual report notification)	TATE ORID	200.
For further informatio	n concerning this matter, please ca	AU:	, ,,,,,,,	•••
REGENT DUC	LOS are of Person	t (561) 762-4342 Area Code & Daytime Tele	enhane Numbet	
(4011	0.1.013011	And Code a Bayamo Tole		
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 F Certificate of Sta Certified Copy (additional copy is e	itus &
,	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center 6	s	

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ART:	ICL	\mathbf{E}	[-	N	am	e:
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The name of the Limited Liability Company is:

REGENT PALM BEACH 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:
1730 South Congress Avenue	1730 South Congress Avenue
West Palm Beach, Florida 33406	West Palm Beach, Florida 33406
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 registration (Regent Joseph Duclos)	registered agent are:
Name	
1730 South Cong	gress Ave
Florida street add	dress (P.O. Box NOT acceptable)
West Palm Beach	FL 33406

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..

City, State, and Zip

egistered 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:

"NACLU" — Naccor	
"MGR" = Manager	•
"MGRM" = Managing Membe	r
MODM	DECEME L DUOL CO
MGRM	REGENT J. DUCLOS
	1730 S. CONGRESS AVE
	WEST PALM BEACH, FL 33406
MGRM	FIDELINA R. DUCLOS
	5267 WOODSTONE CIRCLE SOUTH
	LAKE WORTH, FL 33463
MGRM	MARK ANDREW DUCLOS
	1409 LAKE ERIE DRIVE
	LAKE WORTH, FL 33461
•	
	•
77 · 1 · 10	
(Use attachment if necessary)	1-1-2012 (OPEROVA
•	nan the date of filing: 1-1-20/2 (OPTIONA
LE V: Effective date, if other the ffective date is listed, the date is	nan the date of filing:
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LE V: Effective date, if other the ffective date is listed, the date is days after the date of filing.)	nan the date of filing:
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LE V: Effective date, if other the ffective date is listed, the date is days after the date of filing.)	ALLAHASSEE
LE V: Effective date, if other the ffective date is listed, the date is days after the date of filing.)	ALLAMASSEE F.
LE V: Effective date, if other the ffective date is listed, the date is days after the date of filing.) REQUIRED SIGNATURE:	Leave to Oule
LE V: Effective date, if other the ffective date is listed, the date is days after the date of filing.) REQUIRED SIGNATURE:	ALLAMASSEE F.
LE V: Effective date, if other the ffective date is listed, the date is days after the date of filing.) REQUIRED SIGNATURE: Signature of a (In accordance with sec	member or an authorized representative of a member of this document
LE V: Effective date, if other the ffective date is listed, the date is days after the date of filing.) REQUIRED SIGNATURE: Signature of a (In accordance with sections see in the date of a)	member or an authorized representative of a member of
LE V: Effective date, if other the ffective date is listed, the date is days after the date of filing.) REQUIRED SIGNATURE: Signature of a (In accordance with sec constitutes an affirmation I am aware that any false)	member or an authorized representative of a member or under the penalties of perjury that the facts stated herein are true. see information submitted in a document to the Department of State
ELE V: Effective date, if other the ffective date is listed, the date is days after the date of filing.) REQUIRED SIGNATURE: Signature of a constitutes an affirmation of a ware that any false constitutes a third degree.	member or an authorized representative of a member of

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)