

#L12000029207

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

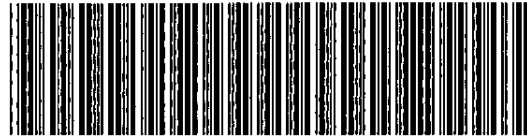
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALLY  
EXAMINER  
FEB 29 2012



Leslie Robert Evans  
AND ASSOCIATES, P.A.  
• Counselors at Law •

February 27, 2012

Registration Section  
Division of Corporation  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

VIA FEDERAL EXPRESS

RE: Palm House PB, LLC  
Our File No. 1375.149

Dear Sirs:

Attached herewith, please find the following:

1. Cover Letter;
2. Operating Check Number 3810 for the amount of \$155.00, representing payment to file the Articles of Organization for Palm House PC, LLC;
3. Original Articles of Organization for Florida Limited Liability Company
4. Copy of Original Articles of Organization for Florida Limited Liability Company.

If you should have any questions concerning this matter, please do not hesitate to contact our office.

Very truly yours,

Lorraine M. Corcoran  
Paralegal

LMC

attachments

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Palm House PB, 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:

Leslie Robert Evans, Esq.

Name of Person

Leslie Robert Evans and Associates, P.A.

Firm/Company

214 Brazilian Avenue, Suite 200

Address

Palm Beach, Florida 33480

City/State and Zip Code

evans@lrevanspa.com

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

For further information concerning this matter, please call:

Leslie Robert Evans

Name of Person

at ( 561 ) 832-8288

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:

Palm House PB, 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:

214 Brazilian Avenue, #200  
Palm Beach, Florida 33480

#### Mailing Address:

214 Brazilian Avenue, #200  
Palm Beach, Florida 33480

### 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:

Leslie Robert Evans, Esq.

Name

214 Brazilian Avenue, #200

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

Palm Beach FL 33480

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)

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12 FEB 28 PM 2:34  
SECRETARY OF STATE  
PALM BEACH, 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:**

Leslie Robert Evans (MGR)

214 Brazilian Avenue, Suite 200  
Palm Beach, Florida 33480

\_\_\_\_\_

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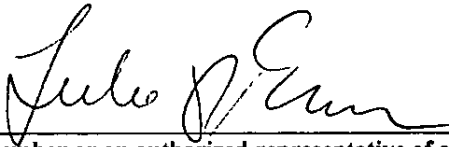
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(Use attachment if necessary)

**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:**



\_\_\_\_\_  
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.)

Leslie R. Evans

\_\_\_\_\_  
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)**